

Humboldt State University - Employee Information Form (Form 105)

Employee Role:		Employee Time Base Category (Please select one):		Department
<input type="checkbox"/> Faculty	<input type="checkbox"/> Full Time	<input type="checkbox"/> Special Consultant	_____	
<input type="checkbox"/> Staff	<input type="checkbox"/> Part Time	<input type="checkbox"/> Summer Session	Hire Date	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Intermittent Hourly	<input type="checkbox"/> Extension	_____	
Employee Identification Number	Full Legal Name	<input type="checkbox"/> Female <input type="checkbox"/> Non-binary		
		<input type="checkbox"/> Male		
Date of Birth (mmddyyyy)	Previous Name(s)	Home Phone Number		
	_____	_____		
Mailing Address	City	State	Zip Code	
_____	_____	_____	_____	
In Case of Emergency Contact	Relationship	Emergency Contact Phone Number	Alternative Phone Number	
_____	_____	_____	_____	
Emergency Contact Residence Address	City	State	Zip Code	
_____	_____	_____	_____	

Citizenship: Information required by The Immigration and Reform Act of 1986.

Citizen of the United States of America

Other: Check Visa type and **attach a photocopy of the visa:** F-1 J-1 H-1 I-94(R) T/C - Canadian

Country Granting Visa _____ Visa Expiration Date (Month/Year) _____

Non-Citizen/Permanent Resident (I-151, I-155, or I-551 "Green Card) **ATTACH PHOTOCOPY** Country of Origin _____

Prior Employment: Please check the box that most closely identifies your employment immediately prior to your appointment at HSU.

<input type="checkbox"/> 1. A CSU campus (including HSU)	<input type="checkbox"/> 8. Graduate Study
<input type="checkbox"/> 2. University of California	<input type="checkbox"/> 9. Elementary or Secondary Education
<input type="checkbox"/> 3. California Private Institution	<input type="checkbox"/> 10. Industry or Private Practice
<input type="checkbox"/> 4. California Junior College	<input type="checkbox"/> 11. Research or Service Agency
<input type="checkbox"/> 5. Other United States Public Institution	<input type="checkbox"/> 12. Government
<input type="checkbox"/> 6. Other United States Private Institution	<input type="checkbox"/> 13. Other: _____
<input type="checkbox"/> 7. Institution in a Foreign Country	

If you selected any of the choices number 1 through 8, please complete the items below:

Name of Employer _____ City/State/ Country _____

Have you ever worked for any public agency in California, including any temporary and seasonal work? YES NO
Examples are California Department of Forestry, Parks and Recreation, California Cities, California Counties, or the University of California.

If you selected "YES," please enter the name(s) of each agency and the approximate dates of employment.

Were you ever a member of the retirement system for the above agency or agencies listed above? YES NO

Education: Please indicate the highest level of education you have attained by checking the most appropriate box.

<input type="checkbox"/> I: Some high school	<input type="checkbox"/> C: Professional certificate	<input type="checkbox"/> B: Bachelor's Degree	<input type="checkbox"/> D: Doctorate
<input type="checkbox"/> H: High school diploma or GED	<input type="checkbox"/> Q: Some college	<input type="checkbox"/> M: Master's Degree	<input type="checkbox"/> Other
<input type="checkbox"/> T: Trade or craft certificate	<input type="checkbox"/> A: Associate Degree	<input type="checkbox"/> P: Professional Degree	_____

Highest Degree (e.g. BA, BS, MFA, PhD, JD, MS) _____ Major _____

Campus Where Highest Degree Was Earned _____ Year Earned _____ City/State and Country (If NOT a U.S. Institution) _____

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PAYROLL DESIGNEE: Please provide the designee's full name. For example, "Mary Jane Smith" and NOT "Mrs. John E. Smith." Avoid nicknames and strive for their full legal name if available. **You may change your designee at any time by completing a new form at the Human Resources Department.**

PAYROLL DESIGNEE AGREEMENT: Pursuant to Government Code Section 12479, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all State wages that would have been payable to me had I survived (excluding payment of death benefits and refund of employee retirement contributions).

Payroll Designee Name: _____ Age _____ Relationship _____ Designee Phone Number _____

Payroll Designee Mailing Address _____ City _____ State _____ Zip Code _____

Certification: I hereby revoke any previous designation filed by me. If the above-named designee does not file a written request with the Human Resources Department, or if the above-named designee cannot be contacted for such warrants within 60 days after the date of my death, this designation shall become null and void. This designation will remain in full force and effect during my employment with any California state agency until revoked in writing by me. This designation will terminate on the date of my permanent separation from said employment. I affirm that all answers and statements on this form and any attachments are complete and true to the best of my knowledge.

OATH OF ALLEGIANCE:

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion, and that I will well and faithfully discharge the duties upon which I am about to enter.

Employee Signature: _____ **Date:** _____

AUTHORIZED HR SIGNATURE: _____ **TAKEN AND SUBSCRIBED BEFORE ME THIS DAY OF _____, 20__.**

VOLUNTARY SELF-IDENTIFICATION SECTION

It is the policy of Humboldt State University as an equal employment opportunity employer to treat all employees without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex (including gender identity), age (over 40), sexual orientation, covered veteran status, or any other protected status. This form has been developed to assist us in monitoring the diversity of our workforce, and in collecting data that is required for compliance with State, Federal, and University reporting requirements. Humboldt State University administers all personnel actions without regard to any characteristic protected by law and bases all employment decisions on valid job requirements. While your reply will be most helpful to us in reporting accurate data, completing the items below is entirely voluntary.

Question 1. Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Yes No

Question 2. Regardless of your answer to Question 1, you may select one or more of the following categories that apply to you:

CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
<input type="checkbox"/> Asian (check the closest item below also)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> Japanese	
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.