

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"/> Staff	<input type="checkbox"/> Part Time	Hire Date
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Intermittent Hourly	_____
	<input type="checkbox"/> Special Consultant	
	<input type="checkbox"/> Summer Session	
	<input type="checkbox"/> Extension	

Employee Identification Number	Full Legal Name	<input type="checkbox"/> Female
<input style="width: 100%;" type="text"/>	_____	<input type="checkbox"/> Male

Date of Birth (mmddyyyy)	Previous Name(s):	Home Phone Number
<input style="width: 100%;" type="text"/>	_____	<input style="width: 100%;" type="text"/>

Mailing Address	City	State	Zip Code
_____	_____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

In Case of Emergency Contact:	Relationship	Emergency Contact Phone Number	Alternative Phone Number
_____	_____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Emergency Contact Residence Address	City	State	Zip Code
_____	_____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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:**

<input type="checkbox"/> F-1	<input type="checkbox"/> J-1	<input type="checkbox"/> H-1	<input type="checkbox"/> I-94(R)	<input type="checkbox"/> T/C - Canadian
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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. If number 1 through 8 is checked, please complete the name and location fields below.

<input type="checkbox"/> 1. A CSU campus (including HSU) <input type="checkbox"/> 2. University of California <input type="checkbox"/> 3. California Private Institution <input type="checkbox"/> 4. California Junior College <input type="checkbox"/> 5. Other United States Public Institution <input type="checkbox"/> 6. Other United States Private Institution <input type="checkbox"/> 7. Institution in a Foreign Country	<input type="checkbox"/> 8. Graduate Study <input type="checkbox"/> 9. Elementary or Secondary Education <input type="checkbox"/> 10. Industry or Private Practice <input type="checkbox"/> 11. Research or Service Agency <input type="checkbox"/> 12. Government <input type="checkbox"/> 13. Other: _____
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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
Some examples are California Department of Forestry (CDF), 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"/> S: Some elementary school.	<input type="checkbox"/> H: High school diploma or GED earned.	<input type="checkbox"/> B: Bachelor's Degree.
<input type="checkbox"/> E: Elementary school completed.	<input type="checkbox"/> T: Trade or craft certificate.	<input type="checkbox"/> M: Master's Degree
<input type="checkbox"/> K: Some junior high school.	<input type="checkbox"/> C: Professional certificate.	<input type="checkbox"/> P: Professional Degree
<input type="checkbox"/> J: Junior high school completed.	<input type="checkbox"/> Q: Some college.	<input type="checkbox"/> D: Doctorate
<input type="checkbox"/> I: Some high school.	<input type="checkbox"/> A: Associate Degree.	

Campus Where Highest Degree Was Earned:	Year Earned	City/State and Country (If NOT a U.S. Institution)
_____	<input style="width: 100%;" type="text"/>	_____

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
_____	<input style="width: 100%;" type="text"/>	_____	<input style="width: 100%;" type="text"/>
Payroll Designee Mailing Address	City	State	Zip Code
_____	_____	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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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 PERSONNEL
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
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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.

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.

Asian Indian

Korean

Cambodian

Laotian

Chinese

Vietnamese

Filipino

Other Asian

Japanese

Black or African American

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Guamanian

Samoan

Hawaiian

Other Native Hawaiian or
Other Pacific Islander

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

VETERAN SELF-IDENTIFICATION SECTION

Humboldt State University is a federal contractor subject to the Vietnam Era Veterans Readjustment Assistance Act of 1974 (VEVRAA), as amended, which requires that federal contractors take affirmative action to employ and advance in employment qualified individuals without discrimination based on a covered veteran status. To fulfill statistical reporting and affirmative action monitoring requirements, the HSU invites you to voluntarily identify your veteran status (*1) by answering the questions below. Submission of this information is voluntary and no adverse consequences will result from either providing this information or declining to provide it. Information you submit will be kept confidential as required under applicable federal and state law. Should you decide not to self-identify at this time, you may do so at any time in the future. Note: If you are disabled, and need accommodation to perform the job properly and safely, please contact your Human Resources or Academic Personnel Services to begin an interactive discussion to identify and provide you a reasonable accommodation. Please check all the boxes that apply to you. See the [CSU Technical Letter for Assistance](#).

I do not want to identify my veteran status

Not a veteran

Disabled Veteran Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran Any veteran during the three-year period beginning on the date of which the veteran was discharged or released from active duty in the U.S. military, ground, naval or air service.

Discharge Date [m|m|d|d|y|y|y]

Armed Forces Service Medal Veteran Any veteran who, while serving on active duty in the U.S. military ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (*2) [For the current list of military operations for which an Armed Forces service medal was awarded, see the [U.S. Vet Guide](#) for assistance and updates].

Other Protected Veteran Any veteran who, while serving on active duty in the U.S. military ground, naval, or air service during a war or campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. [For a complete list of campaigns and expeditions for which a campaign badge was authorized, see the [U.S. Vet Guide](#) for assistance and updates.]

(*1) - See 41 CFR 60-300 and 41 CFR 61-300. (*2) - See 61 FR 1209.

Send Completed Form to Human Resources Revised 8/2011