

New Employee Information Form

Employee Full Name : _____ Empl ID (HR only): _____

Home Phone : _____ Cell Phone : _____

Section A: Education and Professional License

Highest Degree : _____ Major : _____

Institution : _____ State : _____ Date Completed : _____

Professional License : _____ Number : _____ Expiration Date : _____

Certificate : _____ Number : _____ Expiration Date : _____

Section B: Emergency Contact

IN THE EVENT OF AN EMERGENCY AT WORK, PLEASE CONTACT

Name : _____ Relationship : _____

Address : _____ Phone Number : _____

Section C: Employment Relationship Designation

Neither California State University system nor Sonoma State University prohibit simultaneous employment of relatives as long as the relatives report their relationship(s) and comply with the CSU/SSU Nepotism Policy. To ensure compliance, new employees and existing employees with new relationships must disclose them and agree not to vote, make recommendations or participate in any way with matters that may directly affect the selection, appointment, evaluation, retention, tenure, compensation, promotion, termination, other employment status or interest of an immediate family member.

Do you have an immediate family member as defined in the Nepotism Policy employed by California State University or Sonoma State University? ☐ Yes ☐ No

If yes, please disclose the relationship here:

Name : _____ Relationship : _____

Name : _____ Relationship : _____

If you believe that your relationship presents no conflict, please check this box: ☐ No Conflict

If you believe there is potential for conflict, please elaborate below and a representative from Human Resources/Faculty Affairs will follow up with you to discuss how to best handle.

Authorized HR Personnel: ☐ Approved ☐ Denied Initial: _____ Date: _____

Section D: Employee Signature

(THIS FORM IS CONSIDERED INCOMPLETE WITHOUT AN EMPLOYEE SIGNATURE)

Signature : _____ Date : _____