

Employee Legal Name (as shown on Social Security Card)

Last:	First:	Middle:
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Are you a U.S. Citizen?

YES (complete this ↓ column) NO (complete this ↓ column)

Oath of Allegiance If you are a U.S. Citizen, complete below:	Declaration of Permission to Work If you are NOT a U.S. Citizen, complete below:
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<p><i>(to be completed by United States citizens only)</i></p> <p>I _____ (name)</p> <p>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 to enter.</p>	<p><i>(to be completed by legally employed non-citizens only)</i></p> <p>I am a lawful permanent resident alien of the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO, I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.</p> <p>Country of Citizenship: _____</p> <p>Document Type: <input type="checkbox"/> Immigrant/Alien Registration Card <input type="checkbox"/> F-1 Visa <input type="checkbox"/> H-1 Visa <input type="checkbox"/> J-1 Visa <input type="checkbox"/> Other Visa/Permit (Specify): _____</p> <p>Document Number: _____</p> <p>Expiration Date: _____</p> <p>Email Address: _____</p>
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Designation of Person Authorized to Receive Warrants (designee must be 18 or older)

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provisions of the law, shall be entitled upon my death to receive all warrants that would have been payable to me had I survived. NOTE: Direct deposit payments are not subject to the provisions of this designation. You may change your designation at any time by completing a new form.

Name: _____ Relationship: _____

Address: _____ City, State & Zip: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____ City, State & Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employee Signature (this form is considered incomplete without a signature)

I affirm that all of the answers and statements on this form are complete and true to the best of my knowledge and belief.

Employee Signature: _____ Date: _____

Authorized Personnel Signature (for office use only)

This Oath subscribed before me on: _____ Date: _____

Name: _____ Signature: _____