



<b>Name:</b>	<b>Date of Birth:</b>	<b>SF State ID#:</b>
<input type="checkbox"/> <b>NEW</b> (Complete Sections A, B, C, D, E, G, H, I) <input type="checkbox"/> <b>UPDATE</b> ( <input type="checkbox"/> Designee (B) <input type="checkbox"/> Professional License (C) <input type="checkbox"/> Education (C) <input type="checkbox"/> Veterans Information (I) <input type="checkbox"/> Citizenship (D))		

NOTE: THIS FORM IS CONSIDERED INCOMPLETE WITHOUT AN EMPLOYEE SIGNATURE IN SECTION E

**SECTION A: OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK**

FOR ALL PERSONS EMPLOYED BY THE STATE OF CALIFORNIA (Only Complete Part 1 OR Part 2)

**Part 1– Oath of Allegiance (to be completed by United States citizens only)**

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 to enter.

**Part 2 – Declaration of Permission to Work (to be completed by legally employed non-citizens only)**

I am a lawful permanent resident alien of the United States:  YES  NO

\*If No, please read the following: 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

**SECTION B: 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 provision 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: \_\_\_\_\_  
 (Last, First, M.I.)

ADDRESS \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SECTION C: EDUCATION AND PROFESSIONAL** (PROVIDE SUPPORTING DOCUMENTATION)

HIGHEST DEGREE COMPLETED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

EDUCATIONAL INSTITUTION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

PROFESSIONAL LICENSE# \_\_\_\_\_ TYPE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**SECTION D: CITIZENSHIP** (COMPLETE ALL THAT IS APPLICABLE AND PROVIDE SUPPORTING DOCUMENTATION W/ I9 FORM)

US Citizen  YES  NO I9 Form Complete  YES  NO COUNTRY: \_\_\_\_\_

Document Type:  Immigrant/Alien Registration Card  F1 Visa  H1 Visa  J1 Visa  Other Visa: \_\_\_\_\_

Documentation#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SECTION E: EMPLOYEE SIGNATURE** (this form is considered incomplete without an employee 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: \_\_\_\_\_

**SECTION F: AUTHORIZED PERSONNEL SIGNATURE** (for office use only)

This form was completed and Oath subscribed before me on \_\_\_\_\_  
(month) (Date) (Year)

Name: \_\_\_\_\_ Authorized Personnel Signature: \_\_\_\_\_



SECTION G: GENDER  MALE  FEMALE  NONBINARY

SECTION H: ETHNIC HERITAGE VOLUNTARY SELF-IDENTIFICATION

The CSU is an equal employment opportunity employer and is committed to treating 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.

This form, and any data submitted on the form, will be kept separate from your personnel file and will not be accessible by anyone involved with making recommendations or decisions regarding your employment. While your reply will be most helpful to us in reporting accurate data, completing this form 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:

Table with 2 columns: CATEGORY and DEFINITION OF CATEGORY. Rows include American Indian or Alaska Native, Asian (with sub-categories like Asian Indian, Korean, etc.), Black or African American, Native Hawaiian or Other Pacific Islander, and White.

SECTION I: VETERAN VOLUNTARY SELF-IDENTIFICATION (check all boxes that apply)

Not a Veteran  I do not want to identify my Veterans Status

Table with 2 columns: Category and Definition. Categories include Disabled Veteran, Recently Separated Veteran (within 3 years), Armed Forces Service Medal Veteran, and Other Protected Veteran.