

PERSONAL INFORMATION				
FULL NAME (Last, First)		CELL PHONE NUMBER	CSUSM ID NUMBER	
DEPARTMENT			SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	
EDUCATION				
List information on all degrees attained in the rows provided below.				
Highest Level of Education: <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Trade or Craft Certificate <input type="checkbox"/> Professional Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors' Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Professional Degree <input type="checkbox"/> Doctorate Degree	Degree Attained (List All)	Degree Major (A.A. or A.S. & above)	Year Earned	Institution (Full Name, State or Country, if not US)
CalPERS MEMBERSHIP				
Are you a member of CalPERS (California Public Employees' Retirement System)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMERGENCY CONTACT				
NAME (Last, First, Middle)		RELATIONSHIP	TELEPHONE NUMBER	
ADDRESS		CITY	STATE	ZIP
DESIGNEE FOR STATE WARRANT				
<ul style="list-style-type: none"> Pursuant to Government 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 warrants, excluding warrants for payment of death benefits and refund of employee retirement contributions that would have been payable to me had I survived. I hereby revoke any previous designations. If the below-named designee does not file a written request with the personnel office of my employer state agency or if the above designee cannot be contacted for such warrants within 60 days after the date of my death, the designation shall be and 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. Notice – Warrants cannot be released to a designee under the age of 18. 				
<input type="checkbox"/> Check here if same as emergency contact				
DESIGNEE NAME (Last, First, Middle Initial)		RELATIONSHIP	TELEPHONE NUMBER	
ADDRESS		CITY	STATE	ZIP
OATH OF ALLEGIANCE				
PLEASE SELECT ONE: <input type="checkbox"/> U.S. Citizen: 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 of 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. <input type="checkbox"/> I am a lawful permanent resident noncitizen of the United States. <input type="checkbox"/> Non-citizen: 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.				
I AFFIRM THAT ALL THE ANSWERS AND STATEMENTS ON THIS FORM ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF				
EMPLOYEE SIGNATURE			DATE	