

CONFIDENTIAL DATA FORM

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
(562) 985-7950

Foundation Use Only
HR/Payroll _____
Benefits _____

Date _____

Social Security Number _____ CSULB ID Number _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

SMS/Text Number (if applicable) _____ TDD/TYY Number (if applicable) _____

CSULB Email Address _____ Personal Email Address (if applicable) _____

Married: Yes No Gender: Male Female Birthdate: _____ Ethnic ID (optional): _____

Disability: 1: _____ 2: _____ 3: _____

Are you a veteran?: Yes No If yes, please complete page 2

Are you a US Citizen?: Yes No If no, please answer the following questions

VISA Type: _____ VISA #: _____ VISA Expire Date: _____

List any foreign languages you speak, read, and write.

Foreign Languages: 1: _____ 2: _____ 3: _____

EMERGENCY CONTACT INFORMATION (If more than one, complete additional forms)

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Relationship: _____

Is there anything we should know before contacting this person with emergency information?

POST OFFER/EMPLOYEE AFFIRMATIVE ACTION INFORMATION FORM

To the extent we are subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, we comply with requirements to take affirmative action regarding qualified Protected Veterans (disabled veterans, active duty wartime or campaign badge veterans, Armed Forces service medal veterans, and recently separated veterans). If you come within any of those categories, and would like to be included in our affirmative action program, you may tell us now or at any time in the future. We also invite you to tell us now, or at any time in the future, about any reasonable accommodations that you believe we could make which would better enable you to perform the essential functions of the job properly and safely. Submitting this information is **voluntary**. Providing it or declining to provide it will not affect your employment in any way. The information will be used only in ways consistent with the law. It will be kept confidential, except that it may be used to determine necessary accommodations and to inform first aid/safety personnel or government officials enforcing applicable laws.

1. Name (Print): _____

2. Veteran Status (select one of the following below):

I identify as one or more of the classifications of Protected Veteran listed below.

I identify as a veteran, just not a Protected Veteran.

I am not a veteran.

I do not wish to self-identify.

3. Protected Veterans are described as:

Disabled Veteran

Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of, a service-connected disability, or who would be so entitled but for receipt of military retired pay.

Active Duty Wartime or Campaign Badge Veteran

Veteran who served on active duty during a war or a campaign or expedition for which a campaign badge has been authorized. List of eligible campaigns can be found at <http://www.opm.gov/staffingportal/vgmedal2.asp>.

Armed Forces Service Medal Veteran

Veteran who, while on active duty, participated in a military operation for which an Armed Forces Service Medal was awarded pursuant to Exec. Order No. 12985.

Recently Separated Veteran

Veteran who served on active duty and was discharged or released from active duty within the last three years.

Signature: _____

Date: _____