NON-ACADEMIC NEW HIRE CHECKLIST

Please note: The SJSU Research Foundation is an E-Verify employer.

Your signature below confirms that you have been given a Human Resources/Payroll packet, which consists of the following information:

All of the forms below must be completed and returned to SJSURF Human Resources:

1. I-9 Form—employment Eligibility Verification. Go to http://www.newi9.com/ to access the electronic I-9 form and complete the section 1 (use Employer Code-14365). You must present “acceptable” documents within 3 days of your hire date to Human Resources or the assigned Location Specialist.
2. Appointment Form
3. CA Notice to Employee—Required to be completed for non-exempt (hourly) employees only. Signed copy (employer and employee) must be provided to employee.
4. Application for Employment
5. Voluntary Self-Identification of Disability
6. Confidential Data Sheet
7. Statement of Confidentiality & Disclosure of Records
8. W-4 Form—employee’s Tax Withholding Allowance Certificate. Nonresidents must complete information in online tax compliance software (Glacier) for correct withholdings
9. Direct Deposit Form (optional)
10. Executive Order Acknowledgement

Human Resources/Payroll packet includes the following documents:
- Payroll Calendar
- Holiday Schedule
- Instructions for filling out your Timesheet
- Student Assistant Brochure
- Alcohol & Drug Abuse Policy Summary
- Injury & Illness Prevention Program Summary
- Harassment and Discrimination Policy Summary
- Workers’ Compensation Brochure and Pre-designation Form
- Executive Order 1083 Memo
- Acknowledgement of Mandated Reporter Status and Legal Duty to Report Child Abuse and Neglect
- Health Insurance Marketplace Coverage Options and Your Health Coverage
- Use of SJSU Gmail Address for Research Foundation Communications Memo

Acknowledgment of Receipt Form

I understand it is my responsibility to review and become familiar with the information provided, and to adhere to all rules and policies as a condition of my continued employment.

The policies are subject to change at any time, and as changes occur, information will be made available to employees through the usual channels of communication, including the Research Foundation website: http://www.sjsufoundation.org/

STUDENT ASSISTANTS ONLY: I understand that the Student Assistant Brochure included in this packet is a summary of the policies affecting student assistants. This communication supersedes any and all previous information.

_________________________________________  _______________
Signature                                      Date

Print Name: _________________________________
Federal law requires Human Resources to attest, under penalty of perjury, that each new hire’s (1) identity and (2) legal authority to work has been examined and verified. New employees must report within 3 business days of hire to the Foundation Human Resources with the appropriate documentation.

<table>
<thead>
<tr>
<th>Check One</th>
<th>New Hire</th>
<th>New Acct. or Acct. Change</th>
<th>Reappt.</th>
<th>Rehire</th>
<th>Change of Position</th>
<th>Salary Action</th>
<th>One Time Pay</th>
<th>Change in Emp. Status</th>
<th>Separation*</th>
<th>Other</th>
</tr>
</thead>
</table>

NAME: ____________
Last Name: ____________
First Name: ____________
M.I.: ____________
Social Security No.: ____________
Street Address: ____________________________________________
City: ____________ State & Zip: ____________
Email: ____________
Home Phone: (____) ______
U.S. Citizen: Yes ☐ No ☐
Type of Visa: __________________________
Permanent Address (if different from above)
Supervisor: ____________
Work Location: ____________
Work Phone: __________________
Have you previously worked for the Foundation?
☐ Yes ☐ No ☐
If yes, when? __________________
Do you have any relatives working for the Foundation?
☐ Yes ☐ No ☐
If yes, whom? __________________

**ANTICIPATED APPOINTMENT PERIOD**
Start: ____________________
End: ____________________
(Maximum one year or termination of funding, if earlier)
☐ Hourly Rate: $__________ Time % ______
☐ Monthly: $__________ ☐ Annually: $__________
Job/Working Title: ____________________________________________
☐ Exempt ☐ Non-Exempt
Pay Classification: ____________________________________________
Account No.: ____________

SJSU Employee: No ☐ Yes ☐

FOUNDATION EMPLOYEES ARE NOT STATE EMPLOYEES.
Foundation employees who work on projects or programs funded by grants, contracts, gifts or fees are considered temporary employees under the meaning of Section 89900(c) of the California State Education Code.

STUDENT ASSISTANT APPOINTMENTS ONLY
(must be completed)
Registered: ☐ SJSU
☐ Other (specify): __________________
H.S. ☐ Undergrad. ☐ Grad. ☐
Expected Graduation Date: Month ______ Year ______

NEW HIRES ONLY
A detailed job description MUST accompany this form.
How did you learn of this position? __________________

* REASON FOR SEPARATION:
☐ Did not return from a LOA
☐ Voluntary resignation (letter stating reason should be attached)
☐ Discharge (must have HR pre-approval)
☐ End of appointment
☐ Retirement
☐ Death
Date separation is effective ____________________
Last day worked: ____________________

For Information concerning working conditions/benefits, refer to the Foundation Employee Handbook or call Foundation Human Resources.

<table>
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<tr>
<th>AUTHORIZATION</th>
<th>SIGNATURE</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Employee</td>
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<td>Proj. Dir./Dept. Head - Print &amp; Sign</td>
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<td>Foundation H.R.</td>
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<td>For Director Position</td>
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<tr>
<td>Chief Operating Officer</td>
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</tbody>
</table>

SEND TO SJSU FDN. HUMAN RESOURCES DEPT.
White/HR Canary/Fdn. Analyst Pink/HR Gold/Project Director

FHR1: 7/04
NOTICE TO EMPLOYEE  
Labor Code section 2810.5

**EMPLOYEE**

Employee Name:  
Start Date:  

**EMPLOYER**

Legal Name of Hiring Employer:  San Jose State University Research Foundation  
Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? □ Yes  □ No  
Other Names Hiring Employer is "doing business as" (if applicable):  

Physical Address of Hiring Employer’s Main Office:  210 N. Fourth St, 4th Floor, San Jose, CA 95112  
Hiring Employer’s Mailing Address (if different than above):  
Hiring Employer’s Telephone Number:  408-924-1400  

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:  

Name:  
Physical Address of Main Office:  
Mailing Address:  
Telephone Number:  

**WAGE INFORMATION**

Rate(s) of Pay:  Overtime Rate(s) of Pay:  
Rate by (check box):  □ Hour  □ Shift  □ Day  □ Week  □ Salary  □ Piece rate  □ Commission  □ Other (provide specifics):  

Does a written agreement exist providing the rate(s) of pay? (check box)  □ Yes  □ No  
If yes, are all rate(s) of pay and bases thereof contained in that written agreement?  □ Yes  □ No  
Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):  

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)  

Regular Payday:  10th and 26th of the month, see Payroll Calendar  

DLSE-NTE (rev 11/2014)
WORKER’S COMPENSATION

Insurance Carrier’s Name: ______________ CSURMA/AORMA administered by Sedgwick CMS

Address: ____________________________ P.O. BOX 14479, Lexington, Kentucky 40512-4479

Telephone Number: ____________________________ 916-851-8058

Policy No.: ______________ CSURMA/AORMA

☐ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: ____________________________

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;

b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and

c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for

   1. requesting or using accrued sick days;
   2. attempting to exercise the right to use accrued paid sick days;
   3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
   4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.

☒ 2. Accrues paid sick leave pursuant to the employer’s policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.

☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.

☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): ______________

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

(PRINT NAME of Employer representative) ____________________________ (PRINT NAME of Employee) ____________________________

(SIGNATURE of Employer Representative) ____________________________ (SIGNATURE of Employee) ____________________________

(Date) ____________________________ (Date) ____________________________

The employee’s signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

DLSE-NTE (rev 11/2014)
EMPLOYMENT APPLICATION

Position Applying For: __________________________ Date Available to Start: ___________

☐ Benefited position  ☐ Student (temporary) position  ☐ Non-Student temporary position  ☐ Other: ___________

It is the policy of the San Jose State University Research Foundation (“Research Foundation” or “Foundation”) to provide equal employment opportunities to all employees and applicants for employment. All employment practices such as recruitment, selection, promotions, and other terms and conditions of employment are administered in a manner designed to ensure that employees and applicants for employment or services are not subjected to discrimination on the basis of age (over 40), race, color, sex, sexual orientation, national origin, ancestry, medical condition (cancer or genetic characteristics), physical or mental disability, marital status, religion, veteran status, or any other consideration made unlawful by applicable federal, state or local laws. The Research Foundation also prohibits harassment of applicants and employees based on any of these protected classifications.

The Research Foundation is committed to providing a work environment free from discrimination and harassment, and where employees are treated with respect and dignity. This policy is in accordance with federal, state and local laws and reaffirms the Research Foundation's continuing commitment to both the spirit and intent of equal employment opportunity laws and policies.

If you have any questions or need assistance or an accommodation in completing this application, please contact Research Foundation HR at (408) 924-1409

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<th>Local Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
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<th>Permanent Street Address</th>
<th>City</th>
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<th>Zip</th>
<th>Phone</th>
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Email Address

Have you ever worked for the Research Foundation before?  Yes ☐  No ☐

If Yes, when?  Dept. or Project Worked: __________________________

Do you have relatives working for the Research Foundation?  Yes ☐  No ☐

If Yes, please state name (s) and relationship (s).

Name: ___________________  Relationship: ___________________

Name: ___________________  Relationship: ___________________

If hired, would you have a reliable means of transportation to and from work?  Yes ☐  No ☐

Are you at least 18 years old?  Yes ☐  No ☐

If you are under 18, hire is subject to verification that you are eligible to work.

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Yes ☐  No ☐

CRIMINAL HISTORY INFORMATION

BEFORE answering the following questions, please refer to the attached instruction if you reside in California, Connecticut, Georgia, Hawaii, Massachusetts, Michigan, Minnesota, Nebraska, Nevada, New Jersey, New York, Pennsylvania, Rhode Island, or Washington.

BUFFALO, HAWAII, MASSACHUSETTS, MINNESOTA, NEWARK, PHILADELPHIA, RHODE ISLAND, SAN FRANCISCO AND SEATTLE APPLICANTS: DO NOT ANSWER THE QUESTION BELOW AT THIS TIME.
The information requested below is necessary for the specific position for which you are applying. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered. Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed. Please note that you do NOT have to identify a record of any adult or juvenile arrest, detention or conviction that has been sealed, expunged, annulled, erased, pardoned or statutorily eradicated, set aside or otherwise dismissed by court order.

☐ Yes  ☐ No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case. Please attach separate sheets if necessary.

EDUCATION and TRAINING

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Graduated (Yes/No)</th>
<th>Number of Years Completed</th>
<th>Degree Earned</th>
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<tbody>
<tr>
<td>High School</td>
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<td>College or University</td>
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<td>Vocational</td>
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<td>Other</td>
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EMPLOYMENT/VOLUNTEER WORK EXPERIENCE

List below all present and past employment and/or volunteer work experience, starting with your most recent work experience, for the last FIVE years. Please account for all periods of unemployment. You must complete this section even if attaching a resume. Please attach additional pages, as appropriate.

<table>
<thead>
<tr>
<th>Company Name Number (Present or Most Recent Employer)</th>
<th>Address</th>
<th>Telephone</th>
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<td>Period of Employment:</td>
<td>From</td>
<td>To</td>
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<tr>
<td>Position(s) Held:</td>
<td></td>
<td>Supervisor’s Name and Position</td>
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<td>Describe your significant duties:</td>
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<tr>
<td>May we contact this Employer?</td>
<td>Yes ☐</td>
<td>No ☐</td>
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<tr>
<td>Company Name Number</td>
<td>Address</td>
<td>Telephone</td>
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<tr>
<td>Period of Employment:</td>
<td>From</td>
<td>To</td>
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<tr>
<td>Position(s) Held:</td>
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<td>Supervisor’s Name and Position</td>
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<tr>
<td>Describe your significant duties:</td>
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<tr>
<td>May we contact this Employer?</td>
<td>Yes ☐</td>
<td>No ☐</td>
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</table>


**REFERENCES**

List below three persons not related to you who have knowledge of your work performance within the last three years.

<table>
<thead>
<tr>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Telephone and e-mail</th>
<th>Occupation</th>
<th>No of years acquainted</th>
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Please Read Carefully, Initial Each Paragraph and Sign Below:

<table>
<thead>
<tr>
<th>Initial</th>
<th>Smoking is prohibited in all indoor areas of the Research Foundation. Smoking is permitted only in designated outdoor smoking areas that have been established in accordance with applicable state and local laws.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td><strong>Maryland Applicants:</strong> I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING $100.</td>
</tr>
<tr>
<td>Initial</td>
<td><strong>Massachusetts Applicants:</strong> I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.</td>
</tr>
<tr>
<td>Initial</td>
<td><strong>Rhode Island Applicants:</strong> I understand that the Research Foundation is covered by the state’s workers’ compensation law.</td>
</tr>
<tr>
<td>Initial</td>
<td>I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.</td>
</tr>
<tr>
<td>Initial</td>
<td>I hereby authorize the San Jose State University Research Foundation, through its internal personnel, to thoroughly investigate my references, work record, education, criminal convictions and other matters related to my suitability for employment. This includes, but is not limited to, social network postings on Twitter and Facebook, among others. I further authorize the references I have listed to disclose to the Research Foundation any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Research Foundation, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I agree to complete the requisite authorization forms for any background investigation that may need to be conducted by the Research Foundation.</td>
</tr>
<tr>
<td>Initial</td>
<td>I recognize that this employment application is not an offer of employment. I understand and agree that if I become employed, my employment is “at will,” that is, that both the Research Foundation and I are free to terminate the employment relationship at any time, with or without cause, and with or without advance notice. I understand that this “at will” employment relationship can only be changed by an express written contract, signed by the Chief Operating Officer of the Research Foundation. I understand that, unless my employment is subject to such a written contract, the “at will” employment policy is the sole and entire agreement that exists between me and the Research Foundation as to the duration of employment and the circumstances under which employment may be terminated.</td>
</tr>
<tr>
<td>Initial</td>
<td>Should a search of public records (including records documenting a criminal conviction) be conducted by internal personnel employed by the Research Foundation, I am entitled to copies of any such public records obtained by the Research Foundation unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.</td>
</tr>
</tbody>
</table>

[ ] I waive receipt of a copy of any public record described in the paragraph above.
CRIMINAL HISTORY INFORMATION INSTRUCTIONS

STATE-SPECIFIC INSTRUCTIONS FOR ANSWERING CRIMINAL HISTORY INQUIRY

California Applicants: Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away of up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana. Also, do not identify any arrest or detention that did not result in a conviction or any record of a referral to, and participation in, any pretrial or post-trial diversion program. San Francisco, CA Applicants: DO NOT RESPOND TO THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION AT THIS TIME. You will be asked to answer criminal history questions at a later point in the hiring process. At that time you will not have to identify any information precluded by California state law or any information relating to: (1) a conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative (for example, under California Penal Code sections 1203.4, 1203.4a, or 1203.41); (2) a conviction or any other determination or adjudication in the juvenile justice system, or a matter considered in or processed through the juvenile justice system; (3) a conviction for which more than seven years has passed since the date of sentencing; or (4) an offense other than a felony or misdemeanor, such as an infraction.

Connecticut Applicants: Do not identify any arrest, criminal charge or conviction the records of which have been erased by a court based on sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records concerning a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or not prosecuted, a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been judicially erased under one or more of these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.

Georgia Applicants: Do not identify any verdict or plea of guilty or nolo contendere that was discharged by the court under Georgia’s First Offender Act.

Hawaii Applicants: DO NOT ANSWER THESE QUESTIONS AT THIS TIME. You will only have to answer this question if you receive a conditional offer of employment. At that time you will be asked whether you have been convicted of a crime within the past 10 years, excluding any period of time when you were incarcerated.

Massachusetts Applicants: Under Massachusetts law, an employer is prohibited from requesting criminal history information on an initial written application. DO NOT RESPOND TO THE QUESTION SEEKING CRIMINAL RECORD INFORMATION. You may be asked to answer criminal history questions at a later point in the hiring process. At that time you will not have to identify any record relating to prior arrests, criminal court appearances or convictions for which the record has been sealed and is on file with the Commissioner of Probation. You also will not have to identify prior arrests, court appearances and adjudications in cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. You also will not have to identify (1) an arrest, detention or disposition regarding any violation of law in which no conviction resulted; (2) first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace; and (3) convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than 5 years ago, unless there have been subsequent convictions within those 5 years.

Michigan Applicants: Do not identify any misdemeanor arrests, detentions or dispositions that did not result in conviction.

Minnesota Applicants: DO NOT RESPOND TO THE QUESTION SEEKING CRIMINAL RECORD INFORMATION AT THIS TIME. You will only have to answer criminal history questions if you receive an interview or a conditional offer of employment.

Nebraska Applicants: Do not identify a sealed juvenile record of arrest, custody, complaint, disposition, diversion, adjudication or sentence.

Nevada Applicants: You must disclose all felony convictions, but may limit disclosure of misdemeanor convictions to those that occurred within the last seven years and resulted in imprisonment. Please note that the discharge and dismissal of certain first time drug offenses, after the accused has completed probation and any required treatment or educational programs, does not constitute a “conviction” for purposes of employment.

Newark, New Jersey Applicants: DO NOT RESPOND TO THE QUESTION SEEKING CRIMINAL RECORD INFORMATION.
AT THIS TIME. You will only have to answer criminal history questions if you receive a conditional offer of employment. At that time you will be asked whether you have ever been convicted of murder, voluntary manslaughter and/or certain sexual offenses. You will also be asked to report any conviction for a disorderly person offense or municipal ordinance violation (within five (5) years of sentencing) or any conviction for any other indictable offense (within eight (8) years of sentencing). If your criminal history includes a reportable conviction for a disorderly person or other indictable offense, you may be asked to report additional non-expunged convictions as allowed by law.

New York Applicants: You may answer “no record” concerning any criminal proceeding that terminated in your favor, per section 160.50 of the New York Criminal Procedure Law; any criminal proceeding that terminated in a “youthful offender adjudication,” as defined in section 720.35 of the New York Criminal Procedure Law; any conviction for a “violation” that already has been sealed by the court, per section 160.55 of the New York Criminal Procedure Law; and any conviction that was sealed pursuant to section 160.58 of the New York Criminal Procedure Law in connection with the licensing, employment or providing of credit or insurance. Buffalo, NY Applicants: Do not RESPOND TO THE QUESTION SEEKING CRIMINAL RECORD INFORMATION at this time. You will only have to answer criminal history questions if you receive an interview or a conditional offer of employment.

Ohio Applicants: Do not report any arrest or conviction for a minor misdemeanor drug violation as defined under Ohio Rev. Code 2925.11.

Pennsylvania Applicants: Do not identify convictions for summary offenses. Philadelphia, PA Applicants: DO NOT ANSWER THE CRIMINAL HISTORY QUESTIONS ON THIS APPLICATION. You will only have to answer this question if you receive a conditional offer of employment.

Rhode Island Applicants: DO NOT RESPOND TO THE QUESTION SEEKING CRIMINAL RECORD INFORMATION AT THIS TIME. You will only have to answer criminal history questions at an initial job interview or thereafter.

Washington Applicants: Do not identify any conviction entered by the court more than 10 years ago unless some period of incarceration resulting from that conviction took place within the last ten years. Seattle, WA Applicants: DO NOT RESPOND TO THE QUESTION SEEKING CRIMINAL RECORD INFORMATION AT THIS TIME. You will only have to answer this question after an initial screen.
Summary Data Sheet

To the Applicant:

As an Equal Opportunity Employer and federal contractor, the San Jose State University Research Foundation is required by applicable laws to compile summary data on the sex, ethnicity, disability status and veteran status of applicants for Research Foundation positions. For the purpose of statistical analysis only, we are requesting that you complete and return this form with your application.

It must be clearly understood that you have the option of supplying or not supplying the information requested below. Completion of this form is completely voluntary. Refusal to complete this information will not adversely affect your application. Likewise, this information, if provided, will neither enhance nor will it detract from your opportunity for employment with the San Jose State University Research Foundation. Further, this sheet will be detached from your application and maintained in a confidential file separate from other records. The information provided on this form will not become a part of any personnel file, nor will it be made available to those making employment decisions.

<table>
<thead>
<tr>
<th>Position Applied For:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hispanic or Latino:</strong> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</td>
</tr>
<tr>
<td><strong>White (Not Hispanic or Latino):</strong> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</td>
</tr>
<tr>
<td><strong>Black or African American (Not Hispanic or Latino):</strong> A person having origins in any of the black racial groups of Africa.</td>
</tr>
<tr>
<td><strong>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):</strong> A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</td>
</tr>
<tr>
<td><strong>Asian (Not Hispanic or Latino):</strong> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</td>
</tr>
<tr>
<td><strong>American Indian or Alaskan Native (Not Hispanic or Latino):</strong> A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.</td>
</tr>
<tr>
<td><strong>Two or More Races (Not Hispanic or Latino):</strong> All persons who identify with more than one of the above five races.</td>
</tr>
</tbody>
</table>
**Veteran Status (check all that apply to you):**

**Newly Separated Veteran:** A person who has been discharged or released from active duty within three-years of the expected start date. Date of discharge or release:

**Vietnam-Era Veteran:** A person who (a) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (b) was discharged or released from active duty for a service connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in any other location.

**Special Disabled Veteran:** A person who (a) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of Title 38, U.S.C. to have a serious employment handicap, or (b) was discharged or released from active duty because of a service-connected disability.

**Other Protected Veteran:** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.

Do you consider yourself an individual with a disability? An “individual with a disability” means any person who has a physical or mental impairment that substantially limits one or more of such person’s major life activities; has a record of such a physical or mental impairment; or is regarded as having such a physical or mental impairment. With regard to employment, a disability is “substantially limiting” if it is likely to cause difficulty in securing, retaining or advancing in employment

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

If yes, do you require an accommodation for your disability? If you require an accommodation, please specify the required accommodation:

**How did you learn about this vacancy?**

<table>
<thead>
<tr>
<th>Newspaper advertising (If so, which newspaper?)</th>
<th>Internet (Please specify web site)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Foundation posting (If so, where posted?)</td>
<td>SJSU Career Center site</td>
</tr>
<tr>
<td>Research Foundation staff member referral (Name of staff member:</td>
<td>Other</td>
</tr>
</tbody>
</table>

Thank you for your participation.
Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON’T HAVE A DISABILITY
☐ I DON’T WISH TO ANSWER

__________________________
Your Name

__________________________
Today’s Date
Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

\[1\] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.
Confidential Employee Data

In order for the San Jose State University Foundation to comply with Affirmative Action and Equal Employment Opportunity laws and regulations, we are required to solicit gender and ethnic identification and other information of all our employees. All information provided will be maintained in a confidential Foundation Human Resources file and will not be disclosed to other persons, agencies or organizations except with your written consent or as otherwise authorized by law.

### PERSONAL DATA

<table>
<thead>
<tr>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Home Phone No. ( )</td>
</tr>
<tr>
<td>Work Phone No. ( )</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Disabled: Yes No</td>
</tr>
</tbody>
</table>

Please explain:

### MILITARY STATUS (Please check one)

- Not Applicable
- Vietnam Era Veteran
- Disabled Veteran
- Disabled Vietnam Veteran

Other (Specify) Service Date/s:

### EMERGENCY INFORMATION

| Contact Name |
| Relationship |
| Address |
| Phone No. 1 ( ) |
| Phone No. 2 ( ) |
| City | State | ZIP |

### CHECK DESIGNEE (In case of death or incapacitation)

| Name |
| Relationship |
| Address |
| Phone No. 1 ( ) |
| Phone No. 2 ( ) |
| City | State | ZIP |

Name of Employee's Supervisor Dept.

Employee's Signature Date
Statement of Confidentiality and Non-Disclosure of Records

Information contained in or pertaining to the business operations of the San Jose State University Research Foundation must be maintained in a confidential manner at all times.

As an employee who has or may be granted access to records in computer information systems, including Human Resources, Payroll, Finance, IT or any other source data, you are required to maintain this information in a confidential manner. Unauthorized access to, modification, deletion or disclosure of information, either internally among employees or departments or externally to outside parties, may compromise the integrity of the Research Foundation’s business operations, violate individual rights of privacy, and/or constitute a criminal act.

The Research Foundation’s computer information systems, which include third party vendor payroll systems, are to be accessed by authorized users only. Reproduction or distribution of any record, document, or information outside of its intended and approved use either verbally, electronically or by hard copy is strictly prohibited and will result in disciplinary action, up to and including termination of employment.

Further, illegal access and/or misuse of this information may be punishable by fine and/or imprisonment in accordance with applicable local, state and federal laws.

I acknowledge that I have received this information, and agree to adhere accordingly.

__________________________
Print Employee Name

__________________________  ___________________________
Employee Signature  Date

__________________________  ___________________________
Primary Department Assignment  Temporary Department Assignment
**Personal Allowances Worksheet** (Keep for your records.)

<table>
<thead>
<tr>
<th>A</th>
<th>Enter “1” for yourself if no one else can claim you as a dependent</th>
</tr>
</thead>
</table>
| B | Enter “1” if:  
  - You are single and have only one job; or  
  - You are married, have only one job, and your spouse does not work; or  
  - You wages from a second job and your spouse’s wages (or the total of both) are $1,500 or less |  
| C | Enter “1” for your spouse. But, you may choose to enter “0-” if you are married and have either a working spouse or more than one job. (Entering “0-” may help you avoid having too little tax withheld.) |  
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return |  
| E | Enter “1” if you will file as head of household on your tax return (see conditions under Head of household above) |  
| F | Enter “1” if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) |  
| G | Child Tax Credit (including additional child tax credit. See Pub. 972, Child Tax Credit, for more information.)  
  - If your total income will be less than $65,000 ($100,000 if married), enter “2” for each eligible child; then less “1” if you have two to four eligible children or less “2” if you have five or more eligible children.  
  - If your total income will be between $65,000 and $84,000 ($100,000 and $119,000 if married), enter “1” for each eligible child. |  
| H | Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) |  

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

---

**Employee's Withholding Allowance Certificate**

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Last name</td>
</tr>
<tr>
<td>3</td>
<td>☐ Single ☐ Married, but withhold at higher Single rate.</td>
</tr>
<tr>
<td>Note. If married, but legally separated, or spouse is a nonresident alien, check the &quot;Single&quot; box.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>☐ If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.</td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td>
</tr>
<tr>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
</tr>
</tbody>
</table>
| 7 | I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.  
  - Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and  
  - This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. |  

If you meet both conditions, write "Exempt" here.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**

(Use the form of signature as printed on your social security card, other than the common "Signature" or "Handwritten sign.")

**Date**

---

**Form W-4 (2015)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If someone else can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:  
- is age 65 or older,  
- is blind, or  
- will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

---

**Form W-4**

Department of the Treasury  
Internal Revenue Service

---

**Employee's Withholding Allowance Certificate**

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<table>
<thead>
<tr>
<th>1</th>
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<tr>
<td>3</td>
<td>☐ Single ☐ Married, but withhold at higher Single rate.</td>
</tr>
<tr>
<td>Note. If married, but legally separated, or spouse is a nonresident alien, check the &quot;Single&quot; box.</td>
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<td>☐ If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.</td>
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<td>Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td>
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  - Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and  
  - This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. |  

If you meet both conditions, write "Exempt" here.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**

(Use the form of signature as printed on your social security card, other than the common "Signature" or "Handwritten sign.")

**Date**

---

**Form W-4 (2015)**

**OMB No. 1545-0074**

**2015**
## Direct Deposit Authorization

<table>
<thead>
<tr>
<th>Date</th>
<th>Employee Name</th>
<th>Social Security #</th>
<th>Home Address</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#1 Bank Name</th>
<th>Bank Phone</th>
<th>Checking</th>
<th>Yes / no</th>
<th>Savings</th>
<th>Yes / no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Transit Routing #</td>
<td></td>
<td>Account #</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Full Deposit</td>
<td></td>
<td>Or Partial Deposit</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#2 Bank Name</th>
<th>Bank Phone</th>
<th>Checking</th>
<th>Yes / no</th>
<th>Savings</th>
<th>Yes / no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Transit Routing #</td>
<td></td>
<td>Account #</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Full Deposit</td>
<td></td>
<td>Or Partial Deposit</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#3 Bank Name</th>
<th>Bank Phone</th>
<th>Checking</th>
<th>Yes / no</th>
<th>Savings</th>
<th>Yes / no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Transit Routing #</td>
<td></td>
<td>Account #</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Full Deposit</td>
<td></td>
<td>Or Partial Deposit</td>
<td>$</td>
</tr>
</tbody>
</table>

I authorize San Jose State University Foundation to direct deposit my check to the above referenced back account/accounts.

__________________________  ____________
SIGNATURE                    date

NOTE: Please attach a voided check for each account (DEPOSIT SLIP IS NOT ACCEPTABLE).
ACKNOWLEDGEMENT OF RESPONSIBILITY
I have read the above statement and will comply with the applicable reporting requirements. Please sign and return this page to the Research Foundation HR.

Employee’s Name: ___________________________  Dept: ________________

Signature: ___________________________  Date: ________________

My signature above is also an acknowledgement of receipt of a link to the Executive Order 1083 which includes the following attachments:

Attachment A [THIS ACKNOWLEDGEMENT]
Attachment B [Certificate of Training Completion]
Attachment C [Copy of Penal code §§ 11165.7, 11166, and 11167]
Attachment D [Form SS 8572, Suspected Child Abuse Report Form]

NOTE: The original signed version of this Acknowledgement (Attachment A) as well as Attachment B should be retained in the Employee’s Official Personnel File. The employee should keep a copy for their own records.
INSTRUCTIONS FOR COMPLETING YOUR
Electronic I-9 and E-Verify

U.S. law requires that employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee hired after November 6, 1986, to work in the United States.

E-Verify is an Internet-based system administered by the U.S. Department of Homeland Security, USCIS, Verification Division, in partnership with the Social Security Administration. It compares information from an employee’s Form I-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility.

Effective June 1, 2011, the San Jose State University Research Foundation is a designated E-Verify employer. In undertaking and administering this federal compliance initiative, the Research Foundation has partnered with Equifax. Equifax’s I-9 management service is fully compliant with government regulations and integrates seamlessly with the government’s E-Verify portal and program.

As a new hire to the Research Foundation, you must complete and sign (electronically) Section 1 of Form I-9 no later than the first day of employment. Please go to www.newi9.com to complete the employee section. The employer code is 14365. The location for on campus employees is Central office, NASA employees is NASA and MLML has three locations. If you do not know your location you can choose ‘default’.

Once you complete Section 1 in the I-9 portal, a complete list of acceptable documents will be accessible for your review. You must provide those original documents to your designated site specialist or to Human Resources for verification within three days of your employment.

If you have any questions or concerns, please feel free to call Research Foundation Human Resources at (408) 924–1460.