

**San José State University Research Foundation**  
**NON-ACADEMIC NEW HIRE FORMS COMPLETION INSTRUCTIONS**

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

**All of these forms must be completed and returned to SJSU Research Foundation Human Resources before beginning any work on the project.**

1. **E-Verify**– Employment Eligibility Verification. Go to <http://www.newi9.com/> to access the **electronic I-9 Form** and complete the employee section (use Employer Code-14365). **Once you complete employee section online, you will see the list of acceptable documents. You must present “acceptable” documents within 3 days of your hire date to Human Resources or the assigned Location Specialist or HR at 210 N. 4<sup>th</sup> St, 3<sup>rd</sup> floor, San Jose, CA 95112.**
2. **Appointment Form**- Must be completed by employee and the project director/account signer. The start date on the appointment form will be adjusted according to the e-verify and HR approval date. Employee is not authorized to work until HR approves the form.
3. **CA Notice to Employee**- Only needs to be completed for non-exempt (hourly) employee, signed copy must be provided to employee. This document provides employer contact information, employee’s start date, pay rate, pay dates, worker’s compensation carrier information and sick leave information.
4. **Confidential Employee Data Form**- Employee provides emergency contact information.
5. **W-4 Form**–Employee’s tax withholding allowance document.
6. **Direct Deposit Form**-Employee provides banking information to deposit the paycheck directly in employee’s account. Employee can complete this information, once hired, via employee online portal. Please see instructions at this [link](#).
7. **Application for Employment**- Employee completes all the information and signs the document.
8. **Summary Data Sheet**- Employee completes this information.
9. **Voluntary Self-Identification of Disability**- Employee completes this information.
10. **Conflict of Interest Summary**- Employee reviews and signs.
11. **Statement of Confidentiality & Disclosure of Records**- Employee reviews and signs.
12. **Discrimination, Harassment and Retaliation Prevention Policy Acknowledgement**- Employee reviews and signs.
13. **Handbook Acknowledgement**- Employee reviews and signs.

New hires and rehires can review the [Non-benefited Employee Handbook](#) and [New Hire Information](#) page to familiarize themselves with the Research Foundation’s policies and procedures. If you wish to receive hard copy of these documents, please contact Human Resources at [foundation-hr@sjsu.edu](mailto:foundation-hr@sjsu.edu).

# San José State University Research Foundation

## INSTRUCTIONS FOR COMPLETING E-VERIFY

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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.

**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.

### Instructions:

As a new hire/rehire at the Research Foundation, you must complete and sign (electronically) Section 1 no later than the **first day of employment**.

- Go to [www.newi9.com](http://www.newi9.com) to complete the employee section.
- The first page will ask for employer code, type 14365.
- The next screen will ask for the location. Choose location as follows:
  - a. for on campus employees, choose Central office,
  - b. NASA employees, choose NASA
  - c. MLML employees has two locations, MLML and Norte.
  - d. If you do not know your location you can choose 'default'.
- The next page will let you know what information you will be completing and click on 'Continue' button.
- Follow the instructions on following pages to complete your personal and I-9 information.

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 need additional information regarding e-verify, you can go to this [link](#). If you have any questions or concerns, please feel free to call Research Foundation Human Resources at (408) 924-1460.

# San José State University Research Foundation

## Non Faculty Appointment Form

For H. R. Use Only

Pay Code	_____
Job Code	_____
Obj. Code	_____
F/B Code	_____

**SJSU Research Foundation is an E-Verify employer. New hires/Rehires must provide eligibility documents to HR within 3 days of hire date to complete the e-verify process.**

Check One	New Hire	Rehire	Add New Acct.	Change Acct.	Change of Position/Status	Reappt.	Salary Action	One time Pay	Separation	Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Employee ID \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Phone \_\_\_\_\_ Zip Code \_\_\_\_\_  
 SJSU Email \_\_\_\_\_  
 Personal Email \_\_\_\_\_

SJSU Employee Yes\* No

\*If yes, complete Additional Employment Request Form.

**FOUNDATION EMPLOYEES ARE NOT STATE EMPLOYEES**

Research 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): \_\_\_\_\_  
 High School Undergraduate Graduate  
 Expected Graduation Date: \_\_\_\_\_

U. S. Citizen/Permanent Resident Yes No  
 If no, other visa type \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Location \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_  
 Supervisor Email \_\_\_\_\_

**REASON FOR SEPARATION**

- Voluntary (Attach Resignation Letter)
- Discharge (must have HR pre-approval)
- End of Appointment
- Retirement
- Death

Have you worked previously for the Research Foundation?  
 Yes No If yes, when? \_\_\_\_\_  
 Do you have any relatives working for the Research Foundation?  
 Yes No If yes, whom? \_\_\_\_\_

Date Separation is effective \_\_\_\_\_  
 Last Day Worked \_\_\_\_\_

**APPOINTMENT PERIOD**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
*(Maximum one year or termination of funding, if earlier)*

Hourly Rate in \$ \_\_\_\_\_ Time in % \_\_\_\_\_

Semi-Monthly at 100% \_\_\_\_\_ Annual at 100% \_\_\_\_\_

Job Title: \_\_\_\_\_

For information concerning working conditions & benefits refer to the handbook, HR/PY Packet, HR or visit [www.sjsu.edu/researchfoundation](http://www.sjsu.edu/researchfoundation). Call 408-924-1460 for HR assistance.

AUTHORIZATION	SIGNATURE	DATE
Employee		
Authorized Account Signer <b>Name</b>		
Authorized Account Signer <b>Signature</b>		
Foundation HR		
Executive Director		

**Send completed form to Research Foundation Human Resources dept. at EXT ZIP 0139.**

Exempt Non-exempt Benefited Non-benefited

Account No.: \_\_\_\_\_

\*Sensitive Position: Yes No

**If yes: Background check/Livescan required**  
**\*Sensitive positions include working with minors/disabled elderly, access to level one and financial data. Employee is not authorized to work until HR receives the results of background check/livescan. See HR Background Check Policy for details.**

COMMENTS

**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:

**Central Office location: 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**

**WORKERS' COMPENSATION**

Insurance Carrier's Name: **CSURMA/AORMA Program, 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 stratifies 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):

**ACKNOWLEDGMENT 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 acknowledgment 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.

# San José State University Research Foundation

## Confidential Employee Data Form

In order to comply with Affirmative Action and Equal Employment Opportunity laws and regulations, the San Jose State University Research Foundation required to solicit gender and ethnic identification and other information of all our employees. All information provided will be maintained in a confidential 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

Name \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Married \_\_\_\_\_ Ethnicity \_\_\_\_\_

Disabled \_\_\_\_\_ Will special accommodation required? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Military Status \_\_\_\_\_

### Emergency Information

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

### Check Designee (In case of death or total incapacitation)

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

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# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
<b>▶ Whether you're 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.</b>					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
8 Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

# San José State University Research Foundation

## Direct Deposit Authorization Form

**NOTE:** Please attach a voided check for each account (deposit slip is not acceptable) or other official document verifying your account and routing number. It takes up to two pay periods to direct deposit your check after submission of this form. Employee can complete this information, once hired, via employee online portal. Please see instructions at this [link](#).

Date			
Employee Name			
Employee ID			
Home Address			
Home Phone			
Bank Name			
Bank Phone			
Checking		Savings	
Transit Routing number			
Account number			
Full Deposit		Or Partial Deposit	\$
Bank Name			
Bank Phone			
Checking		Savings	
Transit Routing number			
Account number			
Full Deposit		Or Partial Deposit	\$
Bank Name			
Bank Phone			
Checking		Savings	
Transit Routing number			
Account number			
Full Deposit		Or Partial Deposit	\$

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# San José State University Research Foundation

## 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) 924-1400.

<b>Last Name</b>	<b>First Name</b>			<b>Middle Initial</b>
<b>Local Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
<b>Permanent Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
<b>Email Address</b>				
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? If Yes, please state name(s).		Yes	No	
Name: _____				
Name: _____				
If hired, would you have a reliable means of transportation to and from work? .....		Yes	No	
Are you at least 18 years old? (If under 18, hire is subject to verification that you are eligible to work)		Yes	No	
If hired, will you be able to present proof of your legal right to work in the United States? .....		Yes	No	

## EDUCATION and TRAINING

	Name of School	Graduated (Yes/No)	Number of Years Completed	Degree Earned
High School				
College or University				
Vocational				
Other				

## 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.

Company Name (Present or Most Recent Employer)	Address	Telephone Number
Period of Employment: From _____ To _____ (State Month & Year)		
Position(s) Held:		Supervisor's Name and Position:
Describe your significant duties:		
May we contact this Employer?      Yes      No      Reason for leaving:		

Company Name	Address	Telephone Number
Period of Employment: From _____ To _____ (State Month & Year)		
Position(s) Held:		Supervisor's Name and Position:
Describe your significant duties:		
May we contact this Employer?      Yes      No      Reason for leaving:		

How did you hear about this vacancy?	
Research Foundation posting (If so, where?) _____	Research Foundation staff member Name of staff member: _____
SJSU Career Center site	Internet (e.g. Indeed, Dice) Please specify: _____
Job Fair	Social Media (e.g. LinkedIn) Please specify: _____
Other (Please specify location): _____	

## REFERENCES

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

First	MI	Last	Telephone and e-mail	Occupation	No. of years acquainted

**Please Read Carefully, Initial Each Paragraph and Sign Below:**

<b>Initial</b>	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.
<b>Initial</b>	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.
<b>Initial</b>	I hereby authorize the Research Foundation, through its own employees, to investigate my references, work record, education, 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 information about me 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.
<b>Initial</b>	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, which means 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 <u>only</u> be changed by an express written contract, signed by the Executive Director of the Research Foundation. I understand that, unless my employment is subject to such a written contract, the "at will" employment policy will be 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.
<b>Initial</b>	I understand and acknowledge that a background investigation may be conducted on the Research Foundation's behalf after a conditional offer of employment been made. I agree to complete the requisite authorization forms for any background investigation that may be conducted by the Research Foundation.
<b>Initial</b>	I understand that the Research Foundation may decline to hire relatives or friends of present employees if doing so could result in actual or potential problems in supervision, security, safety, or moral, or if doing so could create conflicts of interest.
<b>Initial</b>	I understand that in compliance with federal law, if hired, I will be required to establish my identity and eligibility to work in the United States and to submit to E-Verify.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# San José State University Research Foundation

## 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, 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.

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. 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.

**Position Applied For** \_\_\_\_\_

\_\_\_\_\_ Today's Date

**Sex:**            Male            Female

**Race/Ethnicity:** \_\_\_\_\_

**Veteran Status:** Check one of the following boxes

- 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.

**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 <a href="http://www.opm.gov/staffingportal/vgmedal2.asp">http://www.opm.gov/staffingportal/vgmedal2.asp</a> ).
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).

# San José State University Research Foundation

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number  
1250-0005  
Expires 1/31/2020

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

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

Employee Signature \_\_\_\_\_

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.

\* 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.

# San José State University Research Foundation

## Conflict Of Interest Summary

Conflicts of interest, which can be either actual or perceived, are not permitted, regardless of the amount of compensation or time base. A conflict of interest is defined as any situation in which an employee has an outside personal economic interest that actually does or could potentially adversely influence their judgement or actions regarding the best interests of the San Jose State Research Foundation. Where there is a question as to potential conflict, it is expected that each employee will consider and take the most conservative view or approach before deciding to engage or not engage in any endeavor that may be viewed as a conflict.

The following guidelines are used to determine whether a real or apparent conflict of interest exists. Questions concerning potential conflicts of interest should be referred to the Research Foundation's Director of Human Resources or designee.

- a. **Avoidance of Unfair Competitive Advantage:** An employee's outside employment, consulting, or other business activity outside the Research Foundation may not influence decisions made at the Research Foundation in such a way as to give unfair competitive advantage to the outside business organization.
- b. **Separation of Research Foundation and Private Interests:** An employee's outside employment, consulting, or other outside business activity financially must not affect the Research Foundation's dealing with an outside business organization in which the employee or a near relative of the employee has a financial interest as defined by SJSU Academic Senate Policy S99-8 Academic Freedom and Professional Responsibility.
- c. **Use of Privileged or Official Information:** The use of privileged or official information for personal financial gain is a type of conflict of interest and is prohibited. Privileged or official information is information that is known to an individual because of his or her connection with the Research Foundation but is not available to the public. In this connection, the term "privileged information" includes but is not limited to: Medical, Personnel, Salary or Patent Records of Individuals. Individual employees have a right to access their own records except as limited by law. Access to records of other employees is normally limited to legitimate need-to-know situations.
- d. **Protection of Information Not Yet in Public Domain:** A Research Foundation employee, acting as an independent consultant or as an employee of another organization, may not use information, technical skills, or knowledge obtained as a result of Research Foundation employment, that is material or necessary to current or proposed Research Foundation research or development work and that is proprietary to the Research Foundation and not yet in the public domain.
- e. **Non-competitive with Research Foundation Projects:** An employee's consulting or outside employment activity must not compete with current or proposed Research Foundation projects.

The Research Foundation expects each employee to use good judgment and to maintain high ethical standards and honesty in all business dealings. It is the practice of the Research Foundation to respect the rights of its employees to engage in activities outside their employment that are private in nature and which in no way conflict with or reflect upon the Research Foundation or its corporate image.

A complete copy of this policy may be obtained from the Human Resources department.

**Acknowledge Receipt:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **San José State University Research Foundation**

## **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

**San José State University Research Foundation**  
**ACKNOWLEDGEMENT & RECEIPT**  
**OF**  
**Discrimination, Harassment, and Retaliation Prevention Policy**

I acknowledge that I have received, read, and that I understand the Research Foundation's *Discrimination, Harassment and Retaliation Prevention Policy*. I agree to abide by and be bound by the rules, provisions and standards set forth in this policy.

I further acknowledge that the Research Foundation reserves the right to revise, delete and add to the provisions of the *Discrimination, Harassment and Retaliation Prevention Policy* at any time and I will be provided notice of the change.

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Employee Signature

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Print Name

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Date

**[TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE]**

# San José State University Research Foundation

## Handbook Acknowledgment (Non-Benefited Employees Only)

I acknowledge that I have been given the San José State University Research Foundation (“Research Foundation”) [Employee Handbook](#). I understand that this edition of the Handbook supersedes any and all previous Handbooks and any and all previous summaries, statements, or descriptions of the Research Foundation’s policies, procedures, and employee benefits.

I also understand that this Handbook describes important information about the Research Foundation. This Handbook is presented as a matter of information only, and the Research Foundation reserves the right to change, amend, modify, and/or eliminate any or all of the policies, procedures, or other statements contained in this Handbook at any time, with or without notice, within its sole discretion and judgment.

I understand that I am responsible for reading the Handbook and for knowing and complying with the policies set forth in the Handbook during my employment with the Research Foundation. I have reviewed, or will, in a timely manner, review, the contents of this Handbook, and understand that I have the opportunity to ask or raise any questions or concerns regarding the terms of the Handbook as it relates to my employment status by directing my questions, issues, or concerns to my Manager, functional Director, or the Director of Human Resources. I understand the terms of this Handbook, and I agree to adhere to its provisions, as they may be modified from time to time, as a requirement of my employment.

I understand that nothing contained in this Handbook, as it is currently stated or as may be modified from time to time, should be interpreted as creating any expectation of continued employment or any contract relationship with the Research Foundation. I understand that my employment with the Research Foundation 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 also understand that the Research Foundation may demote or discipline me or otherwise alter the terms of my employment at any time at its sole discretion, with or without cause or advance notice. I understand that this “At Will” employment relationship can only be changed by an express written contract signed by the Executive Director of the Research Foundation. The “At Will” employment policy is the sole and entire agreement that exists between the Research Foundation and me as to the duration of employment and the circumstances under which employment may be terminated.

I understand that this signed Employee Acknowledgment will be placed in my personnel file. Additionally, I have been provided link to the [New Hire Information](#) page which contains important information regarding procedures at the Research Foundation and it is my responsibility to follow these guidelines. If you wish to receive a hard copy of handbook and other materials, please contact HR at [foundation-hr@sjsu.edu](mailto:foundation-hr@sjsu.edu).

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Employee Signature

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Date

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Printed Name

**Note: If you are benefited employee, you will receive handbook for benefited employee during your benefits orientation.**