

PLEASE SELECT ONE

UNITED STATES CITIZENS ONLY (OATH OF ALLEGIANCE)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am to enter.

LAWFUL PERMANENT RESIDENT ALIEN OF THE UNITED STATES

I am a lawful permanent resident alien of the United States.

NON-CITIZENS ONLY

I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

PERSONAL INFORMATION

Name _____ (Last) _____ (First) _____ MI

Gender: Female Male Nonbinary EmplID/Student ID: _____

Hiring Department: _____

EDUCATION LEVEL*

Highest Degree Earned: _____

 Degree Major: _____

Granting Institution: _____ Year Earned (mm/yyyy): _____

State: _____ Country: _____

* Please enter the highest degree you have received, not the current degree you are pursuing. If your highest degree earned is a high school diploma, please indicate so in the Highest Degree Earned field and indicate General Education in the Degree Major field.

DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provision of the law, if 18 years or older, shall be entitled upon my death to receive all warrants that would have been payable to me had I survived. NOTE: Direct deposit payments are not subject to the provisions of this designation. You may change your designation at any time by completing a new form.

Name: _____
(Last) (First) MI

Address _____
(Street) (City)

Address _____
(State) (ZIP/Postal Code) (Phone)

Country: _____ Relationship: _____

EMERGENCY CONTACT

Name: _____
(Last) (First) MI

Address _____
(Street) (City)

Address _____
(State) (ZIP/Postal Code) (Phone)

Country: _____ Relationship: _____

I affirm that all of the answers and statements on this form are complete and true to the best of my knowledge and belief.

Name: _____
(First Name) (MI) (Last Name)

Signature: _____ Date: _____