

Personal Information			
Employee Legal Name		(as shown on Social Security Card)	
Last:	First:	Middle:	
Social Security Number:	<i>SSN Verified (office use only):</i> e-verify case #: _____ Date: _____		
Home Address (Must be your RESIDENCE, not a PO Box) <input type="checkbox"/> check here if mailing address* is the same as your home address			
Street:	City:	State:	Zip:
Mailing Address* (if different than home address) Important Note: Home Address is used for university correspondence, including the annual mailing of W-2 tax forms.			
Street:	City:	State:	Zip:
Email address:			
Telephone Numbers			
Preferred Contact Number: (cannot be an on-campus number) (____) _____ - _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other		Alternate Contact Number (optional): (____) _____ - _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Date of Birth: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Decline To State		
Education			
Highest Degree Attained: _____		Major: _____	
Date Conferred: _____		Educational Institution: _____	
Location: _____			
Professional License			
Professional License Type: _____		License Number: _____	
Issuing Agency: _____		Expiration Date: _____	
California Public Employees' Retirement System (CalPERS)			
Are you currently or were you previously a member of CalPERS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a retired member of CalPERS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If YES, are your funds still on deposit?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Employment			
Are you currently employed with the University Corporation at Monterey Bay or at another CSU campus?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES: <input type="checkbox"/> Corporation <input type="checkbox"/> Another CSU Campus (Specify): _____			
Job Title: _____		Department: _____	
Employee Signature			
(this form is considered incomplete without a signature)			
Employee Signature: _____		Date: _____	