

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
STUDENT EMPLOYEE INFORMATION SHEET**

Employee Information

Social Security # _____ Date of Birth _____

Name _____ Telephone _____
(Name as it appears on Social Security Card)

Address _____ City/State/Zip _____

Person to contact in case of emergency

Name _____ Relationship to student _____

Address _____ City/State/Zip _____

Telephone _____

Loyalty Oath (Required under Government Code Section 3102)

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 or 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 about to enter.

Signature _____ Date _____

Relative Hiring

Do you have any relatives employed by the Foothill-De Anza Community College District. If yes, list below.

Name _____ Dept _____ College _____

Conviction Information

Have you ever been convicted of a crime? (You do not need to disclose convictions arising out of minor violations of the Vehicle code, but you do need to disclose all misdemeanor and felony convictions, even those later set aside under Penal code Section 1203.4) Convictions are not an automatic bar to employment. No _____ Yes _____

If yes, please explain _____

Signature _____ Date _____

Diversity Survey (Optional)

The Foothill-De Anza Community College District is committed to diversity and actively recruit women, persons with disabilities, members of underrepresented ethnic groups, and veterans of the Vietnam era. We are required to provide demographic information to state and federal agencies to demonstrate our commitment. Therefore, please provide the information requested below so that we may have accurate data for reporting our Affirmative Action goals. Completion of this form is voluntary. Failure to complete this form will not impact your employment and the information you provide is confidential.

Gender: Male Female

Race/Ethnic Identification (Check only one)

- | | |
|--|---|
| <input type="checkbox"/> African American (1) | <input type="checkbox"/> Hispanic (L) |
| <input type="checkbox"/> American Indian/Alaskan Native (A) | <input type="checkbox"/> South American (B) |
| <input type="checkbox"/> Middle Eastern (Arabian, Iranian, Iraq etc) (M) | <input type="checkbox"/> Other Hispanic (O) |
| <input type="checkbox"/> White Non-Hispanic (C) | <input type="checkbox"/> Asian/Pacific Islander (P) |
| <input type="checkbox"/> Mexican, Mexican American, Chicano (D) | <input type="checkbox"/> Chinese (Q) |
| <input type="checkbox"/> Central American (E) | <input type="checkbox"/> Asian Indian (R) |
| <input type="checkbox"/> Filipino (F) | <input type="checkbox"/> Japanese (S) |
| <input type="checkbox"/> Guamanian (H) | <input type="checkbox"/> Korean (T) |
| <input type="checkbox"/> Hawaiian (I) | <input type="checkbox"/> Laotian (U) |
| <input type="checkbox"/> Samoan (J) | <input type="checkbox"/> Vietnamese (V) |
| <input type="checkbox"/> Other Pacific Islander (K) | <input type="checkbox"/> Cambodian (W) |
| <input type="checkbox"/> Other (X) | |

Do you have a disability?

(An individual with a disability is a person who has (1) a physical or mental impairment that substantially limits one or more major life activities; or (2) a record of such an impairment; or (3) is regarded as having such an impairment.)

Yes No Specify: _____

Are you a Vietnam Era Veteran? Service dates must be between Aug. 5, 1964 and May 7, 1975. Yes No

Signature _____ **Date** _____