

**San Francisco Community College District
Human Resources Information Sheet**

Please return completed form to the Human Resources Department at 50 Frida Kahlo Way, Bungalow 702

EMPLOYEE TYPE: FACULTY ()

CLASSIFIED ()

ADMINISTRATOR ()

| | | | |
|--|--|--------------------------------------|--|
| Social Security Number: _____ | | Date of Birth (MM/DD/YY): _____ | |
| Last Name: _____ | | First Name: _____ Middle Name: _____ | |
| Address: _____ | | | |
| City: _____ | | State: _____ Zip: _____ | |
| Home Phone: _____ - _____ - _____ | | | |
| Do you wish to keep your home phone number confidential? (‘YES’ signifies that your home phone number will NOT be given to your Union Representative) | | | |
| <i>(Please circle one for each category below)</i> | | | |
| Gender: _____ | | Marital Status: _____ | |
| US Citizen: _____ | | If No, please specify: _____ | |
| Veteran: _____ | | Vet File No: _____ | |

| | | | |
|--|--|--------------------------------------|--|
| <i>Emergency contact (in case of an emergency, the District will contact the person named)</i> | | | |
| Last Name: _____ | | First Name: _____ Middle Name: _____ | |
| Relationship to Employee: _____ | | Phone Number 1: _____ | |
| | | Phone Number 2: _____ | |

| |
|---|
| If you wish, you may declare your sexual orientation: (1) GAY (2) LESBIAN (3) BISEXUAL (4) HETEROSEXUAL |
|---|

| <i>Please circle only one ethnicity code from the following.</i> | <i>Please circle all race codes applicable from the following.</i> |
|--|--|
| ETHNICITY CODE | RACE CODE |
| AC – Chinese AI - Asian Indian AJ – Japanese AK – Korean AL – Laotian AM – Cambodian AV – Vietnamese AX – Other Asian B – African-American F – Filipino H – Hispanic HM – Mexican, Mexican-American, Chicano HR – Central American HS – South American HX – Other Hispanic N – American Indian / Alaskan Native O - Other Non-White PG – Guamanian PH – Hawaiian PS – Samoan PX - Other Pacific Islander W - White Non-Hispanic | 01 – Hispanic, Latino 02 – Mexican, Mexican-American, Chicano 03 – Central American 04 – South American 05 – Other Hispanic 06 – Asian Indian 07 – Chinese 08 – Japanese 09 – Korean 10 – Laotian 11 – Cambodian 12 – Vietnamese 13 – Filipino 14 – Other Asian 15 – African-American Non-Hispanic 16 – American Indian, Native American Alaskan Native 17 – Guamanian 18 – Hawaiian 19 – Samoan 20 – Other Pacific Islander 21 – White Non-Hispanic |

| | | |
|--|-----------------------|------------------------------|
| <i>If applicable, please indicate your disability(ies) by selecting from the code(s) as listed below</i> | | |
| Disability: _____ | | |
| If accommodation is required, please describe on a separate sheet and attach. | | |
| B - Acquired Brain Injury | L - Learning Disabled | P - Psychological Disability |
| D - Developmentally delayed Learner | M - Mobility Impaired | S - Speech/Language Impaired |
| H - Hearing Impaired | O - Other Disability | V - Visually Impaired |

Please complete questions continued on back

Position: _____ Full-time _____ Part-time _____
Department: _____ Campus: _____
Office Phone: _____ - _____ - _____ Mailbox: _____ Office: _____

Prior Employment and Retirement Contributions

1. Prior employment with San Francisco Unified School District? Yes _____ No _____ When? _____
2. Prior employment with City and County of San Francisco? Yes _____ No _____ When? _____
3. Prior employment with City College of San Francisco? Yes _____ No _____ When? _____
 - (a) If yes to any of the above, state number, title and department: _____
 - (b) Were you a member of the City Retirement System or the State Teachers Retirement System? Yes _____ No _____
System: _____
 - (c) Have you withdrawn your money from the Retirement System? Yes _____ No _____
 - (d) Are you receiving a retirement allowance from the Retirement System? Yes _____ No _____
4. Currently employed with another School or College District? Yes _____ No _____
IF YES, FULL-TIME _____ PART-TIME _____ POSITION: _____
District: _____
Are you a member of their Retirement System? Yes _____ No _____
System: _____
5. Current employment with City and County of San Francisco? Yes _____ No _____
Department(s): _____
PERMANENT _____ TEMPORARY _____ CLASS NO. AND TITLE _____
6. Retired Teacher? Yes _____ No _____
If YES, when and from what District, City, State? _____
7. Are you currently in a publicly supported Retirement System? Yes _____ No _____
If YES, what system? _____

State law generally prohibits California community colleges from employing persons who have been convicted of a "sex offense" or "controlled substance offense." There are exceptions to this general rule which may apply to you. Have you ever been convicted of such offenses which could prohibit your employment?

() NO () YES If your response is "YES", please explain on an attached sheet of paper.

CERTIFICATION OF EMPLOYEES (read carefully): I hereby certify that all statements made in this information sheet are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my dismissal from employment with the San Francisco Community College District.

Signature of Employee _____ Date _____

FOR DISTRICT USE ONLY

Banner Empl. Class: _____ PPSD Class: _____ HRIS Empl. Class: _____ Banner Position #: _____

Entered by: _____ Date _____

Starting Date: _____

HRIS 04/25