

CONFIDENTIAL DATA FORM

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
(562) 985-7950

Foundation Use Only	
HR/Payroll	_____
Benefits	_____

Date _____

CSULB ID Number _____

Last Name _____

First Name _____

Middle Name _____

Street Address _____

City _____

State _____

Zip Code _____

Home Phone Number _____

Cell Phone Number _____

SMS/Text Number (if applicable) _____

TDD/TYY Number (if applicable) _____

Primary Email Address _____

Alternate Email Address (if applicable) _____

Married: Yes No Gender: Male Female Birthdate: _____ Ethnic ID (optional): _____

Disability: 1: _____ 2: _____ 3: _____

Are you a veteran?: Yes No If yes, please complete page 2

Are you a US Citizen?: Yes No If no, please answer the following questions

VISA Type: _____ VISA #: _____ VISA Expire Date: _____

List any foreign languages you speak, read, and write.

Foreign Languages: 1: _____ 2: _____ 3: _____

EMERGENCY CONTACT INFORMATION (If more than one, complete additional forms)

Last Name _____

First Name _____

Middle Name _____

Street Address _____

City _____

State _____

Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Relationship: _____

Is there anything we should know before contacting this person with emergency information?

VETS-100 EMPLOYMENT SURVEY

The Research Foundation is now required to report annually on the status of employees who may be either a Special Disabled Veteran of the Vietnam-Era. In order that we may establish an effective database, we are surveying our current population of Regular employees and our New Regular employees.

The Federal Contractor Veteran's Employment Report (VETS-100) program is intended to assist the Department of Labor in determining whether special disabled and Vietnam-era veterans benefit from affirmative action in obtaining and advancing in employment. The information on this survey is voluntarily provided and will be kept confidential. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only in support of veteran's programs in accordance with the regulations implementing 38 U.S.C. 4212.

SPECIAL DISABLED VETERAN

1. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Department of Veteran affairs for a disability).
 - a. Rated at 30 percent or more; or
 - b. Rated at 10 to 20 percent in the case of a veteran who has been determined under section 1506 of the Title 38, U.S.C. to have a serious disability; or

2. A person who was discharged or released from active duty because of a service – connected disability.

VETERAN OF THE VIETNAM-ERA

1. A person who served more than 180 days of active military, naval, or air service, any part of which was during the period of August 5, 1962 through May 7, 1975; and
 - a. Was discharged or released there from with other than dishonorable discharge; or
 - b. Was discharged or released there from because of a service connected disability

Employee Name (Print)

Employee Signature

Date

Social Security Number