



FOOTHILL-DE ANZA
Community College District

Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

GENERAL EMPLOYEE INFORMATION

Section A – Employee Information

Social Security # _____ Name: _____
(Name as it appears on Social Security Card)

Preferred Name: _____ Telephone: _____
(First Name ONLY: name desired to be addressed as by colleagues)

Address _____ City _____ /State/Zip: _____

Person to contact in case of emergency:

Name: _____ Relationship to employee: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Section B – Oath of Office (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: _____

Section C - Affidavit of Designation to Receive Warrants

The text of Government Code Section 53245 is as follows:

53245. 'Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his/her appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he/she survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to the section is entitled to negotiate it as if he/she were the payee.'

In the event of my death, I designate _____,
my _____ (relation, if any), of _____

(Address to receive all warrants or checks that would have been payable to me had I survived.)

Signature: _____ Date: _____

PLEASE COMPLETE OTHER SIDE

Section D – Equal Opportunity Survey

The Foothill-De Anza Community College District is committed to diversity and actively recruits 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 Diversity 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

Ethnic Identification (Check only one)

Are you Hispanic or Latino?

☐ NO ☐ YES (1)

If yes, please select all that apply:

- ☐ Mexican, Mexican American or Chicano (2)
- ☐ Central American (3)
- ☐ South American (4)
- ☐ Other Hispanic (5)

In addition to the previous answer, please select one or more of the following to describe your racial background:

- | | |
|--|--|
| <input type="checkbox"/> Asian Indian (6) | <input type="checkbox"/> Asian other (14) |
| <input type="checkbox"/> Asian Chinese (7) | <input type="checkbox"/> Black or African American (15) |
| <input type="checkbox"/> Asian Japanese (8) | <input type="checkbox"/> American Indian/Alaskan Native (16) |
| <input type="checkbox"/> Asian Korean (9) | <input type="checkbox"/> Pacific Islander Guamanian (17) |
| <input type="checkbox"/> Asian Laotian (10) | <input type="checkbox"/> Pacific Islander Hawaiian (18) |
| <input type="checkbox"/> Asian Cambodian (11) | <input type="checkbox"/> Pacific Islander Samoan (19) |
| <input type="checkbox"/> Asian Vietnamese (12) | <input type="checkbox"/> Pacific Islander Other (20) |
| <input type="checkbox"/> Filipino (13) | <input type="checkbox"/> White (21) |

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 impairment; or (3) is regarded as having such impairment.)

☐ Yes Specify: _____

☐ No

Are you a Vietnam Era Veteran? Service Dates must be between August 5, 1964 and May 7, 1975.

☐ Yes ☐ No

☐ **I choose not to complete this portion of the form.**

Signature: _____

Date: _____