

INSTITUTE FOR RESEARCH ON LABOR AND EMPLOYMENT (IRLE)

EMPLOYMENT INFORMATION FORM

(TO BE COMPLETED BY EMPLOYEE)

1. EMPLOYEE INFORMATION:

PLEASE LIST YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY RECORDS.

Last Name, First Name, Middle Name, Suffix _____		Employee/Student ID Number (If applicable): _____
Date of Birth: _____	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Nickname: _____

2. PERMANENT ADDRESS INFORMATION:

Address: _____		Apartment: _____
City: _____	State: _____	Zip Code: _____
Phone – Home: _____	Phone – Cell: _____	E-mail: _____

Status – Check one of the following to help determine your tax residency status:

I attest, under penalty of perjury, that I am a (n):

U.S. Citizen <input type="checkbox"/>	Lawful Permanent Resident Alien <input type="checkbox"/>	Alien Authorized to Work in the U.S. <input type="checkbox"/>
California Resident <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa Type: _____
		Visa/Work Permit End Date: _____
		Country of Residence: _____

3. STUDENT REGISTRATION INFORMATION	4. EDUCATION INFORMATION	5. PAST AND ADDITIONAL ON-CAMPUS EMPLOYMENT:	6. WORK-STUDY INFORMATION
Student Status	Highest Degree Earned	Have you been previously employed by UCLA? <input type="checkbox"/> YES <input type="checkbox"/> NO Dates: _____ to _____ If YES, list most recent department name & HR Contact Name: Department: _____ HR Contact: _____ Phone: _____	Will Work-study be used for this appointment?
<input type="checkbox"/> Undergrad <input type="checkbox"/> Graduate <input type="checkbox"/> Not Registered No. of Units: _____ For Quarter(s): <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> None <input type="checkbox"/> HS/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral YEAR: _____	Please list any additional on-campus position(s) this quarter: Department: _____ Dept. Contact: _____ Phone: _____ Job Title: _____ % time: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Award Amt. \$ _____

7. EDUCATION

HIGH SCHOOL/COLLEGE/UNIVERSITY	LOCATION	DATES ATTENDED	# UNITS OR DEGREE RECEIVED	DATE RECEIVED

8. EMPLOYMENT DATA				
DATES - MONTH & YEAR	INSTITUTION, FIRM, ORGANIZATION AND LOCATION	NATURE OF WORK	APPROX. SALARY	REASON FOR LEAVING

9. EMERGENCY CONTACT			
Name	Address	Telephone	Relationship

DISCLOSURE OF INFORMATION

If you DO NOT want your permanent address and/or phone number released to employee organizations (unions), mark “X” in the “NO” box. **Failure to complete this area on the form will mean that your permanent address and/or phone number may be released to employee organizations upon request from unions.** Mark “X” in the boxes you DO NOT want released for official campus use.

10. UC DIRECTORY DISCLOSURES:

(Check boxes for information you **DO NOT** want listed :)

- HOME ADDRESS
 HOME PHONE
 SPOUSE NAME

IS IT **OK** TO RELEASE YOUR HOME ADDRESS TO EMPLOYEE ORGANIZATIONS? YES NO

PRIVACY NOTIFICATION

Pursuant to the Federal Privacy Act of 1977, you are hereby notified that disclosure of your social security number is mandatory. The University’s record-keeping systems relating to this (application or other forms) were established prior to January 1, 1975, pursuant to the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The social security number is used to verify your identity.

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about them.

The principal purpose for requesting the information on this form is for personnel administration. University Policy authorizes maintenance of this information. Furnishing all information required on this form is mandatory—failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and administrative purposes and will be transmitted to the state and federal governments if required by law. You have the right to review personal information maintained about you in accordance with University policy and may contact either the office of record maintaining such information or the Records Management Coordinator, 10920 Wilshire Blvd., Suite 500, Los Angeles, CA 90024, for more information concerning your rights. The official responsible for maintaining the information contained on this form is the HR Coordinator, University of California, Los Angeles, Institute for Research on Labor & Employment, 10945 Le Conte Avenue, Suite 2107, Los Angeles, CA 90095.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

(Sign at meeting with personnel coordinator)