

**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 / NO  
(\*YES\* signifies that your home phone number will NOT be given to your Union Representative)

*(Please circle one for each category below)*

Gender: FEMALE / MALE Marital Status: DIVORCED / MARRIED / SINGLE / WIDOWED

US Citizen: YES / NO If No, please specify: \_\_\_\_\_

Veteran: Other Protected Veteran Only / Vietnam Veteran Only / Both Vietnam/Other Eligibl. Vet. Vet File No: \_\_\_\_\_

*Emergency contact (in case of an emergency, the District will contact the person named)*

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	01 - Hispanic, Latino
AI - Asian Indian	02 - Mexican, Mexican-American, Chicano
AJ - Japanese	03 - Central American
AK - Korean	04 - South American
AL - Laotian	05 - Other Hispanic
AM - Cambodian	06 - Asian Indian
AV - Vietnamese	07 - Chinese
AX - Other Asian	08 - Japanese
B - African-American	09 - Korean
F - Filipino	10 - Laotian
H - Hispanic	11 - Cambodian
HM - Mexican, Mexican-American, Chicano	12 - Vietnamese
HR - Central American	13 - Filipino
HS - South American	14 - Other Asian
HX - Other Hispanic	15 - African-American Non-Hispanic
N - American Indian / Alaskan Native	16 - American Indian, Native American Alaskan Native
O - Other Non-White	17 - Guamanian
PG - Guamanian	18 - Hawaiian
PH - Hawaiian	19 - Samoan
PS - Samoan	20 - Other Pacific Islander
PX - Other Pacific Islander	21 - White Non-Hispanic
W - White Non-Hispanic	

*If applicable, please indicate your disability(ies) by selecting from the code(s) as listed below*

Disability Code: \_\_\_\_\_ Describe 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

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** \_\_\_\_\_

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**FOR DISTRICT USE ONLY**  
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**Banner Empl. Class:** \_\_\_ **PPSD Class:** \_\_\_ **HRIS Empl. Class:** \_\_\_ **Banner Position #:** \_\_\_\_\_

**Entered by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Starting Date:** \_\_\_\_\_

Hris 06/07/23