

EMPLOYEE INFORMATION

Last Name: _____ First: _____ Middle: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Local Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Local Phone: _____ Mobile: _____ email: _____

Date of Birth: _____ Sex: Male Female

US Citizen? Yes No Visa Type: _____ Are you a permanent resident? Yes No

Are you now, or have you ever worked at UCI (in a paid position?) Yes No If yes, which Department? _____

From: Mo ____ Yr ____ To: Mo ____ Yr ____ Hiring Manager: _____ Telephone #: _____

Do you have any relatives employed at UCI (in a paid position?) Yes No Name of relative: _____

Department: _____ Contact Person: _____ Phone: _____

Name of Previous Employer (not UCI): _____

Address: _____ From: Mo ____ Yr ____ To: Mo ____ Yr ____

Mark highest degree completed only: Year Awarded: _____

<input type="checkbox"/> No Acad. Cert.	<input type="checkbox"/> High School or Equiv.	<input type="checkbox"/> Trade School	<input type="checkbox"/> Associate of Arts
<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Professional	<input type="checkbox"/> Doctorate

Do you want your HOME ADDRESS released to employee organizations? Yes No

Before attending a hiring session you should complete the University of California Employee's Federal-State Withholding Allowance Certificate link: <http://apps.adcom.uci.edu/expresso/econtent/Content.do?resource=3473>. If you need assistance with the Tax form check out <http://www.irs.gov/faqs/index.html> (word search: student), or consult with a family member or tax professional. Also, please read and complete the I-9 Employment Eligibility Verification form link: <http://www.uscis.gov/files/form/i-9.pdf>. Please bring the documents you chose to complete Section 2 list A or list B and C with you at the hiring session.

Important Notification:

Your employee file will be retained in the DOS Business Services Office. *You may schedule an appointment with the Business Services Office to review your file at any time.*

Employee Signature: _____ Date: _____

Continued on Reverse Side

UCI STUDENT STATUS INFORMATION

UCI Student ID# _____

Academic Status: Freshman Sophomore Junior Senior Graduate Extension/Summer Not Enrolled

Units taken this quarter: _____ Do you have Federal Work Study? Yes No Amount of Award*: _____

*Submit Financial Aid Award Letter

EMPLOYER/SUPERVISOR

Department/Unit Name: _____

Job Title: _____

Title Code: _____

Please fill in the applicable information below:

Monthly Salary _____ Hourly Wage _____ Stipend Amount _____

Account & Fund to be charged _____ - _____

Start Date: _____ End Date: _____

Position:

- Notetaker
- Student Assistant
- Reader/E-text Editor
- Student Intern
What Center? _____
- Interpreter
- Other _____

- **NOTE: A current job description must be attached!**
- **NOTE: Student employment may end on or before the end date.**
- **NOTE: Student Employee will not work over 49% time per week during the academic year.**

Supervisor Approval: _____ Date: _____

FOR BUSINESS SERVICES USE

NOTES: