

CONFIDENTIAL DATA FORM

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

Date

Social Security Number

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)

CSULB Email Address

Personal 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:

POST OFFER/EMPLOYEE AFFIRMATIVE ACTION INFORMATION FORM

To the extent we are subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended

Protected Veterans (disabled veterans, active duty wartime or campaign badge veterans, Armed Forces service medal veterans, and recently separated veterans). If you come within any of those categories, and would like

invite you to tell us now, or at any time in the future, about any reasonable accommodations that you believe we could make which would better enable you to perform the essential functions of the job properly and safely. Submitting this information is **voluntary**

1. Name (Print):

2. Veteran Status (select one of the following below):

I identify as a veteran, just not a Protected Veteran.

I am not a veteran.

I do not wish to self-identify.

3. Protected Veterans are described as:

Disabled Veteran

Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of, a service-connected disability, or who would be so entitled but for receipt of military retired pay.

Active Duty Wartime or Campaign Badge Veteran