

Please print clearly, in pen. All fields must be filled out. Completed forms must be received in the Human Resources office 1 week prior to appointment to allow for processing. Incomplete or late forms will be returned to the department.

**APPLICANT INFORMATION**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**ORGANIZATIONAL INFORMATION**

Organization:  Athletic Corporation  University High School  Foundation  Other \_\_\_\_\_

Effective Start Date: \_\_\_\_\_ End Date : \_\_\_\_\_

Supervisor: \_\_\_\_\_ Campus Phone: (    ) \_\_\_\_\_

Reason for ID Request: \_\_\_\_\_  
\_\_\_\_\_

**If one or more of following questions are marked "Yes" a background check will be required:**

Will the employee be responsible for the care, safety, and security of people (including children and minors), animals, and CSU Property? Those persons who perform work involving regular or direct contact with minor children and those who are identified as mandated reporters or child abuse and neglect under Executive Order 1083 and California Penal Code §11165.7(a).  YES  NO

Will the employee have the authority to commit financial resources of the university through contracts greater than \$10,000?  YES  NO

Will the employee have access to, or control over cash, checks, credit cards, and/or Credit Check credit card account information?  YES  NO

Will the employee be responsible or have access to or possession of building master or sub-master keys for building access? YES NO

Will the employee have access to controlled or hazardous substances? YES NO

Will the employee have access to and responsibility for detailed personally identifiable information about students, faculty, staff, or alumni that is protected, personal or sensitive? YES NO

Will the employee have control over campus business processes, either through functional roles or system security access? YES NO

Will the employee have responsibilities that require him/her to possess a license, degree, credential or other certification in order to perform the job? YES NO

Will the employee be responsible for operating commercial vehicles, machinery or equipment that could pose environmental hazards or cause injury, illness or death? YES NO

### SIGNATURES

I affirm that all responses and statements on this Non-State Employee Request for Fresno State ID form are complete and true. I understand that any false statement or omission may be cause for immediate discharge. I understand this information is considered confidential and the content of any reference will not be made available to me. Further, I hereby authorize CSU Fresno to conduct a background check if applicable (for more information regarding the CSU background check policy please visit our website at [www.csufresno.edu/hr](http://www.csufresno.edu/hr)).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the individual listed above is employed by a supporting organization of California State University, Fresno and the use of PeopleSoft is a requirement of the individual's job responsibility, therefore a Fresno State ID number is requested.

Dean or Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### STATE PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the CSU to provide the following information to individuals who are asked to supply information about themselves:

- The principle purpose for requesting and collecting the personal information on this form is to conduct background checks. CSU policy and federal statute authorize the maintenance of this information.
- Furnishing all information requested on this form is mandatory.
- The personal information will be kept confidential and used only in accordance with applicable laws.
- The personal information will be given to government enforcement agencies if these agencies request such information, or as otherwise required by law.
- Information Practices Act Notice (Civil Code § 1798.17)
- This information is being requested by CSU Fresno. CSU Fresno is authorized to maintain this information pursuant to Education Code §§ 89500, 89535. Submission of the information requested on this form is mandatory. Failure to provide the requested information will mean that you will be ineligible for the position you are seeking. The principal purpose for which this information is to be used is to assist the University in evaluating your eligibility, qualifications, and suitability for the position you are seeking. You have a right of access to records containing personal information maintained by CSU Fresno. The name, business address and telephone number of the person at CSU Fresno who is responsible for maintaining the requested information and will be able to inform you of the location of this information is: James Young, CSU Fresno Department of Human Resources, 4150 N. Maple, Fresno CA 93740, 559-278-2032.