



Solano Community College Personnel File Data Information

Employee Name (Legal Name): _____ Social Security # _____

Street Address: _____ Apt. # _____

City, State, Zip: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____ Gender: Male Non-binary

Personal Email Address: _____ Female Decline to state

Are you a former SCC student or have you previously been employed at SCC? YES NO

Address/Phone Release Authorization: Staff Students OK All None*

**Your immediate supervisor and upper-level supervisor will still have access to this information, if necessary*

Ethnicity

- | | | |
|--|---|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> African American, Non-Hispanic |
| <input type="checkbox"/> Indian Subcontinent | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Filipino | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Mexican/Mex-American/Chicano |
| | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> South American <input type="checkbox"/> Other Non-White |

Citizenship

- US Citizen
- Non-US Citizen-Permanent Res
- Non-US Citizen-Other Status

Disability Status

- No Disability
- Disability w/accommodation
- Disability w/ no accommodation

Veteran Status

- No
- Yes

Retirement Status (The following information is needed to determine retirement system status as required by law.)

Are you a current member of any of the following retirement systems? Yes No

If "Yes", please indicate which system:

- CalSTRS – State Teachers’ Retirement System (Cash Balance Plan)
- CalSTRS – State Teachers’ Retirement System (Defined Benefit Plan)
- CalPERS – Public Employees’ Retirement System
- Other CA State/County/City Retirement System _____ (enter name)

Emergency Contact

Name: _____ Full Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

In an emergency, due to serious illness or accident, when the person listed above cannot be contacted, the Solano Community College District authorities have my permission to use their best judgment in the interest of my health.

To the best of my knowledge, the above information is true and correct.

Employee Signature: _____ Date: _____