

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: _____ Phone: () _____

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).

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: _____