

PERSONAL INFORMATION		
FULL NAME (Last, First)	CELL PHONE NUMBER	CSUSM ID NUMBER
DEPARTMENT		SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary

EDUCATION				
List information on all degrees attained in the rows provided below				
Highest Level of Education:	Degree Attained	Degree Major	Year Earned	Institution
	(List All)	(A.A. or A.S. & above)		(Full Name, State or Country, if not US)
<input type="checkbox"/> No High School				
<input type="checkbox"/> Some High School				
<input type="checkbox"/> High School Diploma or GED				
<input type="checkbox"/> Trade or Craft Certificate				
<input type="checkbox"/> Professional Certificate				
<input type="checkbox"/> Some College				
<input type="checkbox"/> Associate Degree				
<input type="checkbox"/> Bachelors' Degree				
<input type="checkbox"/> Master's Degree				
<input type="checkbox"/> Post-Graduate				
<input type="checkbox"/> Professional Degree				
<input type="checkbox"/> Doctorate Degree				

EMERGENCY CONTACT			
NAME (Last, First, Middle Initial)	RELATIONSHIP	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP

I AFFIRM THAT ALL THE ANSWERS AND STATEMENTS ON THIS FORM ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
EMPLOYEE SIGNATURE	DATE