

# STUDENT EMPLOYMENT PACKET

De Anza College Financial Aid Office  
deanza.edu/financialaid/  
Baldwin Winery Building



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## STUDENT EMPLOYEE INFORMATION SHEET

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### 1. Employee Information

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print your name as it appears on your Social Security card) (mm/dd/yyyy)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### 2. Person to contact in case of emergency

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

### 3. Loyalty Oath (Required under Government Code Section 3102)

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution  
Print your full name  
of the United States and the Constitution of the State of California against all enemies, foreign or domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 4. Relative Hiring

Do you have any relatives employed by the Foothill-De Anza Community College District? If yes, list below.

Name \_\_\_\_\_ Dept \_\_\_\_\_ College \_\_\_\_\_

### 5. Conviction Information

Have you ever been convicted of a crime? (You do not need to disclose convictions arising out of minor violations of the Vehicle code, but you do need to disclose all misdemeanor and felony convictions, even those later set aside under Penal code Section 1203.4) Convictions are not an automatic bar to employment.  No  Yes

If yes, please explain \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## NEW STUDENT EMPLOYEE CERTIFICATION PAGE

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By signing below, I certify that I have read and understand the information on district policies and procedures regarding Illness and Injury Prevention, Sexual Harassment and Discrimination Policy and Procedures, Drug-Free Work Place Policy, Notice of Asbestos Containing Building Materials, and Part-time Employee Sick Leave Policy at: [http://hr.fhda.edu/\\_downloads/Operational%20Policy%20and%20Procedure%20-%20Paid%20Sick%20Leave%20Part%20Time%20Employees.pdf](http://hr.fhda.edu/_downloads/Operational%20Policy%20and%20Procedure%20-%20Paid%20Sick%20Leave%20Part%20Time%20Employees.pdf)

**I certify that I read and understand that I am obliged to follow these policies and guidelines in my work activities.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Write name exactly as it appears on your Social Security Card:**

First Name:

\_\_\_\_\_

Middle Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Social Security Number (SSN):

\_\_\_\_\_

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### FOR INTERNATIONAL STUDENTS ONLY

Please provide your FIRST entry date to the U.S. as an F1 visa holder.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

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IMPORTANT: THIS STATEMENT IS REQUIRED TO BE RETAINED IN YOUR PERSONNEL FILE FOR STUDENT EMPLOYMENT

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# STUDENT EMPLOYMENT PACKET

## STUDENT EMPLOYEE INFORMATION SHEET

### DIVERSITY SURVEY (OPTIONAL)

The Foothill-De Anza Community College District is committed to diversity and actively recruit women, persons with disabilities, members of underrepresented ethnic groups, and veterans of the Vietnam era. We are required to provide demographic information to state and federal agencies to demonstrate our commitment. Therefore, please provide the information requested below so that we may have accurate data for reporting our Affirmative Action goals. Completion of this form is voluntary. Failure to complete this form will not impact your employment and the information you provide is confidential.

**Gender:**     Male             Female

### 6. Race/Ethnic Identification (Check only one)

- |  |   |
|--|---|
| <input type="checkbox"/> African American (1)                            | <input type="checkbox"/> Hispanic (L)               |
| <input type="checkbox"/> American Indian/Alaskan Native (A)              | <input type="checkbox"/> South American (B)         |
| <input type="checkbox"/> Middle Eastern (Arabian, Iranian, Iraq etc) (M) | <input type="checkbox"/> Other Hispanic (O)         |
| <input type="checkbox"/> White Non-Hispanic (C)                          | <input type="checkbox"/> Asian/Pacific Islander (P) |
| <input type="checkbox"/> Mexican, Mexican American, Chicano (D)          | <input type="checkbox"/> Chinese (Q)                |
| <input type="checkbox"/> Central American (E)                            | <input type="checkbox"/> Asian Indian (R)           |
| <input type="checkbox"/> Filipino (F)                                    | <input type="checkbox"/> Japanese (S)               |
| <input type="checkbox"/> Guamanian (H)                                   | <input type="checkbox"/> Korean (T)                 |
| <input type="checkbox"/> Hawaiian (I)                                    | <input type="checkbox"/> Laotian (U)                |
| <input type="checkbox"/> Samoan (J)                                      | <input type="checkbox"/> Vietnamese (V)             |
| <input type="checkbox"/> Other Pacific Islander (K)                      | <input type="checkbox"/> Cambodian (W)              |
| <input type="checkbox"/> Other (X)                                       |   |

### 7. Do you have a disability?

(An individual with a disability is a person who has (1) a physical or mental impairment that substantially limits one or more major life activities; or (2) a record of such an impairment; or (3) is regarded as having such an impairment.)

Yes     No    If yes, please specify \_\_\_\_\_

**Are you a Vietnam Era Veteran? Service dates must be between Aug. 5, 1964 and May 7, 1975.**

Yes     No

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Form **W-4**

Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Certificate**

OMB No. 1545-0074

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$ _____

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Number of allowances for Regular Withholding Allowances, Worksheet A \_\_\_\_\_  
 Number of allowances from the Estimated Deductions, Worksheet B \_\_\_\_\_  
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2019 \_\_\_\_\_  
 OR
- Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C \_\_\_\_\_  
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

**Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's Name and Address	California Employer Payroll Tax Account Number
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----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

**YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.**

**IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.**

**PURPOSE:** This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

- You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- You claim additional allowances for estimated deductions.

**THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.**

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance**

**certificate for your state income tax withholding, you may be significantly underwithheld.** This is particularly true if your household income is derived from more than one source.

**CHECK YOUR WITHHOLDING:** After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**EXEMPTION FROM WITHHOLDING:** If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.

## **Employee Acknowledgment of Responsibility for Confidentiality of College Records and Computer Passwords**

The security and confidentiality of student records are matters of concern to all college employees, including student employees, and to any other persons having access to the information. Employees may be given access to college records, including student and employee records, as warranted by their job responsibilities. Since conduct on and off campus may affect or threaten the security and confidentiality of college records, each student employee is expected to adhere to the following:

1. I will not permit access to or unauthorized use of any information maintained, stored, or processed by any office on the campus.
2. I will not seek personal benefit or allow others to benefit personally from knowledge of any information regarding college records that has come by virtue of my work assignment.
3. I will not exhibit or divulge the contents of any college records or report to any person except in the conduct of my work assignment.
4. I will not knowingly include or cause to be included in any records or reports a false, inaccurate, or misleading entry. I also will not knowingly delete or cause to be deleted any records, reports, or data entry.
5. I will not remove any official record or report (or copy thereof) from the office where it is maintained except in the performance of my work assignment.
6. I will not aid, abet, or act in conspiracy with another to violate any part of this document.
7. I understand that district computer passwords are confidential and are to be used by the assigned employee only. I will not share, loan, or make known my password to any other individual. I will log on under my own password every time I access the system. When I leave a computer workstation for any period of time (lunch, breaks, meetings, etc.), I will log off of the computer.
8. I will refer any requests for the release of information in event of an emergency to my supervisor or manager. I will refer any questions concerning the release of information to my supervisor or manager.

State and Federal law and college and District procedures prohibit the release of student records verbally, in writing, or by any other means, without the written consent of the student, a court order, or a lawfully issued subpoena. (Family Educational Rights and Privacy Act, PL 93-380; California Education Code §76200 et seq.; Title 5 California Code of Regulations §54600 et seq.)

By my signature below, I acknowledge that I have received a copy of, have read, do understand, and will comply with this Acknowledgement. I agree to protect the security and confidentiality of all college records, including those of students and employees, and to prevent unauthorized or inappropriate disclosure of such records. I understand that violation of this statement may lead to disciplinary action up to and including termination of my employment and may subject me to criminal and civil penalties as imposed by law.

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Employee Signature

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Date

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Print Name

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**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	
	□□□□	- □□□	- □□□□□□			

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:        An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code