UC PATH EMPLOYMENT INTAKE FORM

(Please print legibly in order to help prevent data entry errors and payment delays)

First/Given Name: *(Legal Name Only)* _____

Middle Name: *(Legal Name Only)* _____

Last Name: *(Legal Name Only)* _____

Preferred Name: *(Optional)* _____ .

Date of Birth (MM/DD/YYYY): _____   Female   Male

Social Security Number: _____   _____   _____

CITIZENSHIP STATUS:

United States Citizen   Non-U.S. Citizen   Country _____

Visa Type _____

Home Email Address:_____

Home Phone Number:_____

MAILING ADDRESS:
(Any paychecks and tax information mailed, will be sent to this address)

Address 1:_____

Address 2:_____

City:_____ State:_____ Zip Code:_____

Do you have any concurrent employment at any UC?   Yes   No

If yes, please provide your UCSB employee ID: _____

Do you qualify for Federal Work-Study?   Yes   No

Do you have documents to prove U.S. Employment Authorization readily available?   Yes   No

These documents are required to complete the I-9 Employment Authorization within 3 days of the effective start date. If these documents are not presented by that time, you will be terminated.

UC **SANTA BARBARA**