Bay Area Rapid Transit

# NEW EMPLOYEE PERSONAL INFORMATION FORM

The prospective employee must complete this form and return it to Employment. Employment will submit the form to HRIS prior to the prospective employee's first day of work along with the New Hire/Rehire Form.

## I EMPLOYEE PERSONAL INFORMATION

**Legal Name**: Your name as it exactly appears on your official government ID. This is the name we will use for all government filings on your behalf (i.e., W-2, etc.)

First | Middle Initial | Last

**Preferred Name**: (If Different from Legal Name): The name that you will be professionally recognized as in business correspondence (i.e., employee names directory, business cards, email, etc.)

☐ Same as Legal Name

First | Middle Initial | Last

Date of Birth | Social Security Number

Home Address | City | State | Zip Code

Home Phone | Cell/Mobile Phone | Email Address

**Marital Status:**

☐ Single ☐ Married ☐ Domestic Partner
☐ Widowed ☐ Divorced ☐ Registered Domestic Partner

## II EMPLOYMENT HISTORY

a. Have you been employed by the State of California, a California Government Agency or other Public Agency in California within the last 6 months? (i.e., City, County School District, Special District, etc.)

☐ YES ☐ NO

b. If you've been employed with multiple government agencies during this time, please provide details on your most recent employment below.

Name of Agency: _____

Dates of Employment: Start Date: _____ End Date: _____

c. Are you currently receiving a retirement pension from the State of California, a California Government Agency or other Public Agency in California? (i.e., City, County, School District, Special District, etc.)

☐ YES ☐ NO

**BART Police Hire Only:**
If you are a Sworn Police Officer, please provide the name of the Agency/Department you received your credentials and the initial date you swore your oath.

Agency/Department: _____ Sworn Date: _____

## III EQUAL OPPORTUNITY EMPLOYER

BART is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, BART invites employees to voluntarily self-identify their gender, race or ethnic group. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. If you decline to self-identify, Equal Employment Opportunity Commission (EEOC) instructions call for observer identification to be used to identify your gender, race or ethnic group.

**Gender:**

☐ Male ☐ Female ☐ Third Gender/Non-Binary

**Race/Ethnic Group (Select Only One):**

☐ White
☐ Hispanic
☐ American Indian/Alaska Native
☐ Two or More Races
☐ Black/African-American
☐ Asian
☐ Native Hawaiian/Pacific Islander

## IV VETERAN AND DISABILITY STATUS

As a recipient of federal funding, the Federal Transit Administration (FTA) requires BART to measure the effectiveness of our outreach, recruitment and retention efforts for veterans and persons with disabilities and provide the statistical data to the FTA. To comply with FTA's requirements, BART invites applicants to provide their veteran status and /or disability status. All self-identification information is confidential and separate from application materials, personnel records, and complies with the FTA's privacy protocols.

**Indicate your Veterans Status:**

☐ Yes, I am a Veteran ☐ No, I am not a Veteran ☐ I decline to state

**Indicate your disability status:**

☐ Yes, I have a disability (or previously had a disability) ☐ No, I don't have a disability ☐ I decline to state

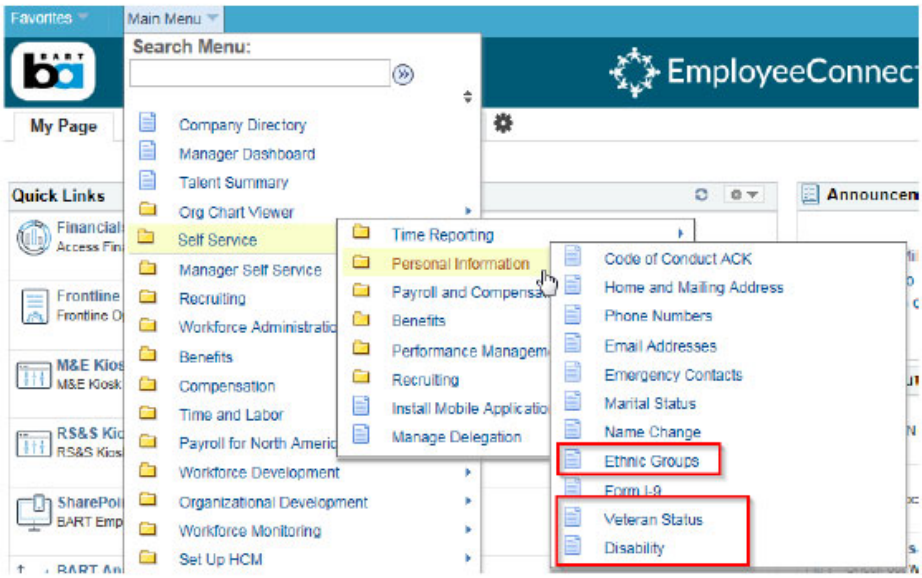
By signing below, you attest that all information on this form is true and correct. Additionally, you understand that, if you are currently receiving a CalPERS pension, you will be required to reinstate to active employment, thereby terminating your retirement benefits.

**Employee Signature** **Date Signed**

**RETIREMENT TIER AND ENTRY INTO SYSTEM – To be determined by Benefits and completed by HRIS**

**CalPERS Tier** **Benefits Representative** **Date of Determination by Benefits**

**Employee ID Number** **HRIS Representative** **Date of Entry into System**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My Page
Quick Links
Announcem
Company Directory
Manager Dashboard
Talent Summary
Org Chart Viewer
Self Service
Manager Self Service
Recruiting
Benefits
Compensation
Time and Labor
Workforce Development
Organizational Development
Workforce Monitoring
Set Up HCM
Time Reporting
Personal Information
Benefits
Recruiting
Manage Delegation
Code of Conduct ACK
Home and Mailing Address
Phone Numbers
Email Addresses
Emergency Contacts
Marital Status
Name Change
Ethnic Groups
Form I-9
Veteran Status
Disability