



City of Milpitas
CALIFORNIA

NEW EMPLOYEE ORIENTATION

About Milpitas

Located at the southern tip of the San Francisco Bay, the City of Milpitas is a progressive community that is an integral part of the high tech Silicon Valley.

A very diversified resident population of 70,817, Milpitas features quality schools, conveniently located neighborhood parks and shopping centers.

The two largest employers in Milpitas are Cisco Systems and Lifescan, Inc., with over 2,500 employees each.

Milpitas is rich in diversity. In 2000, Asians constituted 52% of the population with Filipino the largest Asian group at 15%. Caucasians were 24%; Hispanic 17% and African-American were 3%.

Organizational Mission

The City of Milpitas is committed to accomplishing the community's vision by providing fiscally sound, superior services.

Community Vision

Milpitas will preserve its close-knit community and rich cultural diversity as it moves with innovation into the future by supporting sustainable growth and development, ensuring public safety, enhancing the environment and natural landscape, and nurturing family and community connections.

Milpitas Strategic Plan Values

Superior Customer Service

Open Communication

Trust & Respect

Integrity & Accountability

Recognition & Celebration

Milpitas City Council



Mayor
Jose Esteves



Vice-Mayor
Carmen Montano



Councilmember
Debbie Indihar
Giordano



Councilmember
Garry Barbadillo



Councilmember
Marsha Grilli

Milpitas City Council

The City of Milpitas was incorporated as a "general law" city on January 26, 1954 and operates under the council/manager form of government.

The Council, as the legislative body, represents the entire community and is empowered by the general laws of the State of California to formulate city-wide policy.

The Mayor is elected by the community for a two-year term and the four Councilmembers are elected at large (by the entire City) to serve staggered four-year terms.

Regular City Council meetings are held at 7:00 PM on the 1st and 3rd Tuesday of each month in the City Hall Council Chambers.

Departments

The City of Milpitas is made of several departments. Each department has specific duties and tasks that are important to the overall operation of the city. These departments provide essential day-to-day services to residents and businesses in the Milpitas community.

- Building and Safety
- City Attorney
- City Clerk
- Economic Development
- Engineering
- Finances
- Fire
- Human Resources
- Information Services
- Parks and Recreation
- Planning and Neighbored Services
- Police
- Public Works
- Purchasing
- Redevelopment Agency (RDA)
- [City of Milpitas Departmental Information](#)

Milpitas Intranet

<http://Portal/mymilpitas/Home.aspx>

- Administrative Forms
- Publication of City News and Events

[Paycheck Statement](#)

- Online Check Stub Information

Probationary Period

All original and promotional appointments shall be tentative and subject to a probationary period of no less than twelve (12) months.

Initial Patrol and Police Officer probationary periods shall be eighteen (18) months service.

Personnel Officer shall have authority to extend probationary periods for absences greater than four (4) weeks, except for approved vacations.

Permanent Status

Probationary Employees acquire permanent status in their Classification on the first working day after conclusion of their Probationary period if not sooner rejected.

Attendance

The following are paid holidays for employees:

- New Years Day
- Martin Luther King Day
- Lincolns Birthday
- Presidents Day
- The afternoon of Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Admissions day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

The Monday following any of the above that falls on a Sunday

The Friday before any of the above that falls on a Saturday

Open Door Policy

The City Manager and Personnel Officer in the interest of preserving and promoting positive Employee Relations declare that any employee wishing to discuss any work-related topic, may do so with the City Manager in confidence and without retribution.

Employment Forms

I-9



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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	E-mail Address		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):

A citizen of the United States

A noncitizen national of the United States (See instructions)

A lawful permanent resident (Alien Registration Number/USCIS Number): _____

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

1. Alien Registration Number/USCIS Number: _____ 3-D Barcode
Do Not Write in This Space

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: _____ Date (mm/dd/yyyy): _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator: _____ Date (mm/dd/yyyy): _____

Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
		State	Zip Code

W-4

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes. Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to withhold 0. Your exemption for 2015 applies February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$200 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- will claim adjustments to income tax credits or itemized deductions, or his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet on page 2 will help you adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents (or other qualified persons). See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on claiming your other credits on withholding allowances.

Nonresident alien. If you are a nonresident alien, see Form 1042-S, Supplemental Form W-4, and Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$100,000 (single) or \$180,000 (married).

Future developments. Information about any future developments affecting Form W-4 such as legislation, should after we release it will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. **A**

B Enter "1" if:
 You are single and have only one job; or
 You are married, have only one job, and your spouse does not work; or
 Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B**

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) **C**

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D**

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E**

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) **F**

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. **G**

If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$116,000 if married), enter "1" for each eligible child. **G**

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) **H**

For accuracy, complete all worksheets.
 If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$20,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to that apply.
 If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

W-4 **Employee's Withholding Allowance Certificate** **OMB No. 1545-0074**

Department of the Treasury **2015**
Internal Revenue Service

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial Last name 2 Your social security number

Home address (number and street or rural route) Single Married Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1215 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 \$

7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.
 Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
 This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) Date
 8 Employee's name and address (Employer; Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 152203 Form W-4 (2015)

Social Security

Your earnings from this job are not covered under Social Security.

For more information visit [the Official Social Security Website.](#)

Social Security Administration

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name		Employee ID#	
Employer Name	City of Milpitas	Employer ID#	94-6019192

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision
Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information
Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

DMV Pull Notice

Employees who drive City vehicles or use their own private vehicle on City business must maintain a valid, current California driver's license.



City of Milpitas
Human Resources Department
455 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3090, FAX: (408) 586-3092 TDD # (408) 586-3013

DMV PULL NOTICE ENROLLMENT FORM

ABAG (Association of Bay Area Governments) Plan Corporation provides excess general liability insurance for the City. Liability insurance coverage is provided to City employees whenever a City vehicle is used. In order to maintain adequate coverage, the City must make sure all drivers meet certain requirements.

Employees who drive City vehicles or use their own vehicle on City business must maintain a valid, current California driver's license. Any change in the status of an employee's driver's license could result in a significant penalty to the City if the employee is in an accident. Any change in the status of an employee's driver's license which results in driving privilege being revoked, restricted, or suspended must be reported to the employee's supervisor immediately.

NOTE: If an employee uses his/her private vehicle for City business, the employee's own auto insurance provides the primary coverage in the event of an accident. State law required all licensed drivers to maintain minimum liability coverage.

Please complete this form if you will be driving a City vehicle or your own vehicle to conduct City business.

Name and address as they appear on your driver's license:

Driver's license number: _____

Driver's license expiration date: _____

Birth date: _____

I attest that the above information is correct and that, according to state law, I maintain auto insurance for any private vehicle I drive on City business. *

Signature

Date

Emergency Information

The people listed on your emergency information form WILL be notified in the event of an emergency.



**CITY OF MILPITAS
EMPLOYEE EMERGENCY INFORMATION**

Effective Date: _____ Department: _____ Employee Number: _____

Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Social Security Number: _____ Driver's License #: _____

EMERGENCY NOTIFICATION: The following people will be contacted in the event of emergency:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Authorization to Release Warrant in the Event of Death

List the designee who shall, on the death of the employee, be entitled to receive all warrants that would have been payable to the employee



City of Milpitas
Human Resources Department
455 E. Calaveras Blvd., Milpitas 95035
408-586-3090 • FAX 586-3092

AUTHORIZATION TO RELEASE WARRANTS OR CHECKS IN THE EVENT OF DEATH

Section 53245 of the State of California Government Code states: Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointment power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this action is entitled to negotiate it as if he were the payee.

Pursuant to Section 53245 of the State of California Government Code, I hereby authorize any warrants or checks, payable to me, be delivered to the following person in the event of my death. I understand the City will demand proof of identity from the below named person.

Beneficiary's Information	
Name of Person Appointed to Receive Warrants or Checks (Print)	
Address of Person Appointed to Receive Warrants or Checks (Print)	
Phone Number	Relationship to Employee

Employee's Information	
Employee's Name (Print)	Employee's Signature
Employee's Social Security Number	Date

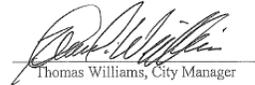
Appointment and Oath of Office

The Oath states that you will defend the Constitution and also makes you an Emergency Worker

CERTIFICATE OF APPOINTMENT AND OATH OF OFFICE

I, the undersigned, City Manager of the City of Milpitas, State of California, do hereby certify that on the [redacted] day of [redacted], 2015, [redacted] was appointed by me to the position of [redacted] of said City.

Dated: [redacted]


Thomas Williams, City Manager

I, [redacted], solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and 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 to enter. I declare under penalty of perjury that the foregoing is true and correct.

This automatically makes me an Emergency Worker; in case of an emergency I must report to the City or nearest agency.

Executed at Milpitas, California on this [redacted] day of [redacted], 2015.

City Employee

Administrative Policies

Please sign the memo stating you received the nine (9) administrative polices listed on the form.

MEMORANDUM

Department of Human Resources



To: Human Resources Department
From: Name (Please Print):
Subject: Acknowledgement of Receipt of Administrative Policies

Administrative Policies:

1. Anti-Discrimination Policy and Internal Complaint Procedure
2. Discrimination is Against the Law Brochure
3. Sexual Harassment Brochure
4. Violence in the Workplace and Internal Complaint Procedure
5. Workplace Violence Prevention Policy
6. Telephone System, Cellular Phone and Pager Use Policy (SOP 4.2)
7. Computer, e-mail and Internet Use Policy (SOP 9.2)
8. Use of City Vehicles & Privately Owned Vehicles on City Business (SOP 6.2)
9. Professional Appearance Policy

My signature indicates that I have received the above policies. If I have questions or concerns regarding the policies or require assistance in understanding the content, I will contact my immediate supervisor or the Human Resources Department at (408) 586-3090.

Signature: Date:

Administrative Policies (cont.)

Discrimination against or harassment of an applicant or employee by a supervisor, management employee, co-worker, or contractor on the basis of race, religion, sex, national origin, ancestry, disability, medical condition, marital status, age, or sexual orientation is strictly prohibited and will not be tolerated.

Department of Fair Employment and Housing enforces California state laws that prohibit harassment and discrimination.

Violence or threats of violence by or against any City employee, contractor or any other person on City property while engaged in City business is strictly prohibited and will not be tolerated.

Administrative Policies (cont.)

The Workplace Violence prevention policy has been adopted to establish guidelines for the education and training of employees as well as procedures to be followed in the event of a workplace violence incident.

The Fair Employment and Housing Act defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment; an harassment based on pregnancy, childbirth, or related medical conditions. Sexual harassment includes many forms of offensive behavior.

Administrative Policies (cont.)

Purpose of Telephone Policy is to ensure City phone systems are used appropriately.

Purpose of Computer, Email, Internet Policy is to ensure computer systems are used for appropriate City business

Purpose of City Vehicle use Policy is to establish guidelines and conditions for the use of City-owned and privately owned vehicles in connection with official City business.

Purpose of the Professional Appearance Policy is to ensure City employees present themselves in a safe, professional and hygienic manner while at work

Employee Code of Safe Practices

All employees are to comply with the Injury and Illness Prevention program

Please sign and return the form stating you have read the Employee Code of Safe Practices.

MEMORANDUM

Department of Human Resources



To: _____
(Print Name)
From: Human Resources Department
Subject: **Employee Code of Safe Practices**

EMPLOYEE CODE OF SAFE PRACTICES

All Employees shall perform the following:

1. Comply with the IIPP.
2. Obey safety rules and established safe work practices.
3. Immediately correct unsafe conditions, if able to do so.
4. Immediately report unsafe conditions to a supervisor.
5. Immediately report all injuries to a supervisor.
6. Exercise caution in all work activities.
7. Use good housekeeping practices.
8. Know the location of all fire exits and extinguishers in your department.
9. Learn and adopt the ergonomic practices pertinent to your job duties.
10. Use all personal protective equipment.
11. Insure that all safety guards and other protective devices are in place before operating any equipment.
12. Insure that all tools and equipment are in good condition and in good working order.
13. When driving City vehicles, obey all traffic rules, speed limits; adjust driving style to weather conditions.
14. Know the location of Material Safety Data Sheet (MSDS) binders.

GENERAL PRACTICES

1. All employees will be trained on the proper use and maintenance of pertinent equipment and in the safe performance of her/his job duties.
2. Anyone known to be under the influence of drugs or intoxicating substances that impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition.

CITY OF MILPITAS
INJURY AND ILLNESS PREVENTION PROGRAM
Employee Handbook

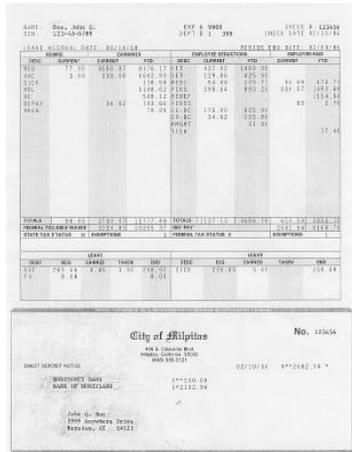
Revised: April 2006

Paycheck

The City of Milpitas processes payroll on a bi-weekly basis.

PAYCHECK*

A **paycheck*** is traditionally a paper document issued by an employer to pay an employee for services rendered. Recently, the physical paycheck has been increasingly replaced by electronic direct deposit.



Note: * The system uses the term "paycheck" to describe information about your pay regardless of whether you have direct deposit or receive a paper check.

CITY OF MILPITAS
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

New Change Delete

Bank Name _____
Account Type: Checking or Savings Net Pay or Amount: _____
Transit/ABA Number _____ Account Number _____

New Change Delete

Bank Name _____
Account Type: Checking or Savings Remaining \$ or Amount: _____
Transit/ABA Number _____ Account Number _____

New Change Delete

Bank Name _____
Account Type: Checking or Savings Remaining \$ or Amount: _____
Transit/ABA Number _____ Account Number _____

New Change Delete

Bank Name _____
Account Type: Checking or Savings Remaining \$ or Amount: _____
Transit/ABA Number _____ Account Number _____

New Change Delete

Bank Name _____
Account Type: Checking or Savings Remaining \$ or Amount: _____
Transit/ABA Number _____ Account Number _____

I hereby authorize the City of Milpitas to initiate deposits and, if necessary, correcting entries to the account(s) listed above. This authority is to remain in effect until I revoke it by giving written notice one full pay period prior to the effective change, or upon termination of my employment.

Last Name: _____ First Name: _____ Emp # _____
please print *please print*

Contact Phone Number: _____ Last 4 digits of SSN# _____

Signature: _____ Date: _____

FINANCE USE ONLY:
Rec'd: _____ Entered: _____ Tested: _____ DD Effective: _____

2016 Pay Periods

Fiscal Year	PAYROLL PERIOD			PayDay
	No.	Begin	End	
16	1	Dec 27, 2015	Jan 09, 2016	Jan 15, 2016
16	2	Jan 10, 2016	Jan 23, 2016	Jan 29, 2016
16	3	Jan 24, 2016	Feb 06, 2016	Feb 12, 2016
16	4	Feb 07, 2016	Feb 20, 2016	Feb 26, 2016
16	5	Feb 21, 2016	Mar 05, 2016	Mar 11, 2016
16	6	Mar 06, 2016	Mar 19, 2016	Mar 25, 2016
16	7	Mar 20, 2016	Apr 02, 2016	Apr 08, 2016
16	8	Apr 03, 2016	Apr 16, 2016	Apr 22, 2016
16	9	Apr 17, 2016	Apr 30, 2016	May 06, 2016
16	10	May 01, 2016	May 14, 2016	May 20, 2016
16	11	May 15, 2016	May 28, 2016	Jun 03, 2016
16	12	May 29, 2016	Jun 11, 2016	Jun 17, 2016
16	13	Jun 12, 2016	Jun 25, 2016	Jul 01, 2016
17	14	Jun 26, 2016	Jul 09, 2016	Jul 15, 2016
17	15	Jul 10, 2016	Jul 23, 2016	Jul 29, 2016
17	16	Jul 24, 2016	Aug 06, 2016	Aug 12, 2016
17	17	Aug 07, 2016	Aug 20, 2016	Aug 26, 2016
17	18	Aug 21, 2016	Sep 03, 2016	Sep 09, 2016
17	19	Sep 04, 2016	Sep 17, 2016	Sep 23, 2016
17	20	Sep 18, 2016	Oct 01, 2016	Oct 07, 2016
17	21	Oct 02, 2016	Oct 15, 2016	Oct 21, 2016
17	22	Oct 16, 2016	Oct 29, 2016	Nov 04, 2016
17	23	Oct 30, 2016	Nov 12, 2016	Nov 18, 2016
17	24	Nov 13, 2016	Nov 26, 2016	Dec 02, 2016
17	25	Nov 27, 2016	Dec 10, 2016	Dec 16, 2016
17	26	Dec 11, 2016	Dec 24, 2016	Dec 30, 2016

Disaster Service Worker

All City of Milpitas employees are designated Disaster Service Workers (DSW).

DISASTER SERVICE WORKER REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1



ATTACH PHOTOGRAPH HERE	<i>This block to be completed ONLY by government agency or jurisdiction</i>	
	CLASSIFICATION: _____	SPECIALTY: _____
	AGENCY OR JURISDICTION: _____	
	REGISTRATION DATE: _____	RENEWAL DATE: _____
	EXPIRATION DATE* _____	DSW CARD ISSUED: NO YES # _____
PROCESSED BY: _____	DATE: _____	TO CENTRAL FILES: _____

TYPE OR PRINT IN INK (HIGHLIGHTED AREAS REQUIRED BY PROGRAM REGULATIONS)

NAME - LAST	FIRST	MI	SEX:	
ADDRESS:	CITY:	STATE:	ZIP:	
COUNTY:	HOME PHONE:	WORK PHONE:		
PAGER:	E-MAIL:	DATE OF BIRTH (optional)		
DRIVER LICENSE NUMBER: (if applicable)	DRIVER LICENSE CLASSIFICATION: A B C	LICENSE EXPIRATION DATE:		
PROFESSIONAL LICENSE (if applicable)	FOC LICENSE (if applicable)	LICENSE EXPIRATION DATE:		
IN CASE OF EMERGENCY, CONTACT:				EMERGENCY PHONE:
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional) BLOOD TYPE (optional)
COMMENTS:				

Government Code §3106-§3109:
Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)	
I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and 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 reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.	
DATE _____	SIGNATURE _____ IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN _____
SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH _____ TITLE _____	

*Registration for the active DSW volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event the expiration date is set at the discretion of the accredited Disaster Council but not to exceed one year. (Govt. Code §31102)

Resource Guide

The New Employee Resource guide is a quick reference sheet to help answer frequently asked questions

Any additional questions?

New Employee Resource Guide

Human Resources:

View your employee schedule and access multiple employee tools and forms at <http://portal/nymilpitas/> and <http://portal/nymilpitas/HUMANRESOURCES.aspx>

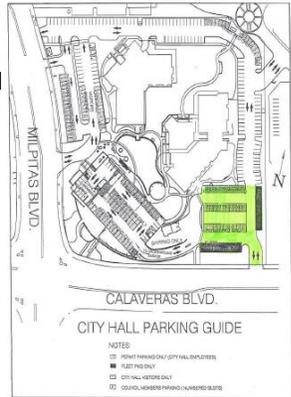
Contact Human Resources at (408) 586-3090 if there is any change in your name, marital status, address, phone number or emergency contact information.

Parking

City Hall parking is available to city employees and the public. ONLY city employees are allowed to park in Permit areas. Parking permits are NOT required. City Hall's underground parking can be accessed through the entrance on Calaveras Blvd. ID badge is required to enter. DO NOT park in a numbered parking area. Numbered parking spaces are reserved for City Council Members and the Mayor.

Senior Center

The Senior Center is open to employees 50 years of age and older. Programs and activities include classes, trips, socials and weekday lunch programs. Two game rooms, three class rooms, art room, exercise/dance room, and a fitness center are also available. For any questions, contact the Senior Center at (408) 586-3400.



CITY HALL PARKING GUIDE

NOTES:

- PERMIT PARKING ONLY (CITY HALL EMPLOYEES)
- PERMIT PARKING
- CITY HALL VEHICLE ONLY
- COUNCIL MEMBER PARKING (NUMBERED SPACES)

Sports Center

The Sports Center is open to all city employees. Check-in with your ID badge. First time members need to complete a registration form. The Sports Center is located at 1325 E. Calaveras Blvd. Call (408) 586-3225 for more information on fitness classes.

Thank you

THANK YOU FOR ATTENDING THE PRESENTATION AND
WE WELCOME YOU TO THE
CITY OF MILPITAS!