**TEXAS STATE UNIVERSITY**

**Faculty/Graduate Student Employee Personal Data**

(Rev. 9/2013)

**TX State ID # or SSN**  **Title** Mr. Ms. Mrs. Dr.

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Known as** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check one:** New hire (never worked for the University before)  Rehire

**Marital Status**  Single  Married **Gender**  Male  Female **Date of Birth** \_\_\_\_\_\_\_\_\_\_

**Home Phone** ( ) **Spouse's Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip Code**

**Privacy**  Yes  No *{If yes, your home address, phone and emergency contacts will not be released as public record}*

Have you ever worked for the Texas Department of Criminal Justice or any State entity previously responsible for functions of TDCJ or any of its divisions? Yes  No *If yes, please mark “yes” for Privacy above.*

**Tx State Department**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TX State Job Title**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Building** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Office Suite** \_\_\_\_\_\_\_\_\_ **Personal Room #**\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity/Race**

Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin,

regardless of race)  Yes  No

Select the racial category or categories with which you most closely identify. Select as many as apply.

American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or other Pacific Islander  White

Select the single race category with which you primarily identify. Select only one.

American Indian or Alaska Native  Asian or Pacific Islander  Hispanic or Latino

White, non-Hispanic  Black, non-Hispanic

**U.S. Veteran**  No  Yes  Vietnam Era  Disabled % of Disablement \_\_\_\_\_\_\_\_\_

**Veteran's employment preference, check if applicable:** (Individuals claiming preference must provide appropriate documentation.)

Veteran honorably discharged who served at least 90 consecutive days during a national emergency;

or less than 90 consecutive days and discharged due to a service-connected disability.

Surviving spouse (not remarried) of veteran killed while on active duty.

Child of veteran killed while on active duty.

**Prior State Service** *(Not applicable for graduate students)*

List below all previous State of Texas employment for verification of state service credit for sick leave balance restoration or vacation accrual rate. *(Local school district and community college employment is not eligible.)*

Agency Name City Dept. Student Worker Date(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes / No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes / No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes / No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes / No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any former names used during prior state service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Over)*

I am a direct transfer to Texas State University from another state agency or institution   No  Yes

*If yes,* where did you transfer from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were working for the State of Texas on 8/31/95, have you left employment for more than 12 months?  \_\_\_No  \_\_\_Yes  \_\_\_N/A Since 9/1/05, have you left State employment for more than 30 days?  \_\_\_No  \_\_\_Yes

If no to both, where/when did you work?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently employed with another state agency or institution  No  Yes

*If yes,* where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You must submit **required** multiple employment request forms to your Department Head for approval.)

I am currently employed in a benefits-eligible position with a community/junior college or independent school district No  Yes If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently active in the Optional Retirement Program No  Yes

I am currently an active member of **TRS**  **No**   Yes I have cashed in a TRS account No Yes

I am a retiree with \_\_\_\_\_TRS \_\_\_\_\_ORP \_\_\_\_\_ERS \_\_\_\_\_None

Where did you retire from?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Retirement Date \_\_\_/\_\_\_/\_\_\_

**Are you holding any public elective office for which you are receiving compensation?**  No  Yes

(Generally any agency position with federal, state, county or municipal offices).

**Person(s) to contact in case of an emergency:**

Name Relationship Phone

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Employee Acknowledgement**: **I acknowledge that I have received these documents and have been informed of the relevant web site for the Faculty Handbook. I understand that I am responsible for reading all the information provided, and agree to comply with all Texas State University procedures, policies, and conditions of employment. I understand that my department or Human Resources will provide me with assistance should I have questions concerning this information.**

Continuation Coverage Notification (COBRA) Notice of Workers Compensation Insurance & Network Requirements

Standards of Conduct Notice Illegal Discrimination Notice

The Federal Immigration Reform & Control Act Retaliation Prohibited for Reporting Violation of Law Notice

Multiple Employments with the State Notice Political Aid and Legislative Influence Prohibited Notice

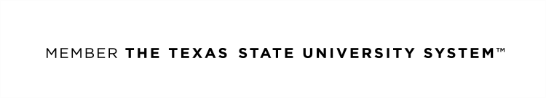
State Property Accounting and Responsibility Notice Aids in the Workplace Notice

Drug Free Workplace Notice & Policy HIPAA – Summary Notice of Privacy Practices

Faculty Handbook: <http://www.provost.txstate.edu/resources/Faculty-handbook.html>

I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, review, and, if necessary, correct the information that Texas State University collects on me.

**Employee Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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