

Non-Student Non-Regular Temporary Employee Data Form

(Rev. 12/2013)

Employee Name _____ **TX ST ID/SSN** _____ **Date of Birth** _____

Sex Male Female **Home Phone** (____) _____ **Marital Status** Single Married

Privacy on home address and phone number Yes No

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.*

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.

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

Name Relationship Phone

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 a retiree with TRS ORP ERS None

Where did you retire from? _____ Retirement Date ____/____/____

Employee Acknowledgement: I acknowledge that I have received these documents and understand that I am responsible for reading all the information provided. I 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.

- Multiple Employments with the State Notice
- Political Aid and Legislative Influence Prohibited Notice
- Campus Security
- Immigration Reform and Control Act Notice
- State Property Accounting and Responsibility Notice
- Standards of Conduct Notice
- Retaliation Prohibited by Law Notice
- Drug Free Workplace Notice & Policy
- Illegal Discrimination Notice
- Notice of Workers Compensation Insurance & Network Requirements

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:** _____