

NEW EMPLOYEE DATA

The information collected in this form is treated as highly confidential. It is used for statistical purposes to assist you in the transfer of benefit entitlements related to prior state service and/or for obtaining services in a medical emergency. Your cooperation in completing the data is appreciated.

NAME: _____
(First) (Middle) (Last) (Suffix) (Maiden)

ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

SSN: _____ **DEPARTMENT:** _____ **DEPT. PHONE:** _____

Marital Status: ☐ Married ☐ Single

Gender: ☐ Male ☐ Female

Birthdate: _____

Race/Ethnicity:

Are you Hispanic or Latino?

☐ Yes ☐ No

**Please select the race(s) you identify with:
(Check all that apply)**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Unknown

DO YOU HAVE A DISABILITY?

☐ Yes ☐ No

If you answered YES, and need any accommodations, you will need to contact Human Resources at (936) 468 2304 to schedule an appointment.

At this time HR will explain the policy and procedure for requesting needed accommodations.

Veteran Status:

___ Not a Veteran ___ Armed Forces Service Medal Veteran
___ Disabled Veteran ___ Vietnam-Era Veteran
___ Special Disabled Veteran ___ Other Protected Veteran

Active Duty Separation Date: _____

Military Reserve:

___ 1. Active
___ 2. Inactive Reserve (Recall)
___ 3. Inactive Reserve (No Recall)

Education Level

Please circle the highest level **completed**:

Grade School: 1 2 3 4 5 6 7 8
High School: 9 10 11
High School Graduate: 12
College: 13 14 15
College Graduate: 16
Post-Graduate work: 17
Master's Degree: 18
Ph.D.: 19

EMERGENCY NOTIFICATION

In the event of a medical emergency I authorize the following contacts:

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Physician's Name: _____

Dr.'s Office Phone: _____ Dr.'s Emergency Phone: _____

PRIOR RELATIONSHIP WITH SFA: Have you had a relationship with SFA as an employee, student or vendor?

☐ Yes ☐ No

Please see back page for more information

PUBLIC ACCESS OPTION FORM

The Texas Government Code Section 552.024, provides you the option of prohibiting public access to the following information. This information is subject to release if requested under the Texas Public Information Act, unless otherwise specified.

Yes – Public Access Allowed No – Public Access Denied

- ☐ Yes ☐ No **Home Address** ☐ Yes ☐ No **Home Phone Number** ☐ Yes ☐ No **Social Security Number**
☐ Yes ☐ No **Information that reveals whether you have family members during and after employment**
☐ Yes ☐ No **Emergency Contact Information**

Have you ever worked as a **commissioned peace officer** or for the **Texas Dept. of Criminal Justice (TDCJ)**?

☐ Yes ☐ No

If **Yes**, your records will be marked as **DO NOT RELEASE** per the Public Information Act (PIA) protecting current and former peace officers, security officers and TDCJ employees from the release of their home address, home telephone number, and Social Security Number.
(Texas Government Code Ann 552.117, 552.1175 and 552.132 (f), Senate Bill 1388)

PRIOR STATE SERVICE: Do you have any prior service with SFA or with any Texas State Agency?

☐ Yes ☐ No

If **Yes**, Please complete the all of the following sections. If **No**, please skip to the signature and date lines.

- List all prior employment with **Stephen F. Austin State University** (Includes employment as a Student Worker)

<u>Department</u>	<u>Dates of Employment</u>	<u>Name at time of Service</u> (If different)
_____	_____	_____
_____	_____	_____

- List any **Non-SFA** prior state service in the State of Texas (ISDs and Jr. Colleges are **not** considered State Agencies, and **should not** be included.)

<u>Agency/University</u> <u>Address/City</u>	<u>Dates of Employment</u>	<u>Name at time of Service</u>
_____	_____	_____
_____	_____	_____

- Are you transferring to SFA directly from another Texas State Agency, University or College?**

☐ Yes ☐ No If **Yes**, please answer the following:

A. Date of separation from previous Agency: ____ / ____ / ____

B. List any Tax Deferred Annuities in effect (amount and company/vendor)

- Are you currently participating in TRS?** ☐ Yes ☐ No

If **Yes**, through which educational institution? _____

- Are you currently receiving a TRS Annuity?** ☐ Yes ☐ No; If **Yes**, Date of Retirement: ____ / ____ / ____

- Are you currently receiving an ERS Annuity?** ☐ Yes ☐ No; If **Yes**, Date of Retirement: ____ / ____ / ____

I affirm that to the best of my knowledge, the information provided on this form is true and correct. I am aware that at any time during my employment I may change my emergency notification designees, my Open Records Selection, and I may request reasonable accommodation for any disability that may arise.

Signature of Employee

Date

Signature of Human Resources Representative

Date