

MVSU NEW EMPLOYEE DATA FORM

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: _____

Ethnic Background (Select ONE)

- ___ 1. White (non-Hispanic)
- ___ 2. Black (non-Hispanic)
- ___ 3. Hispanic
- ___ 4. Asian/Pacific Islander
- ___ 5. American Indian or Alaskan Native

Marital Status:

Married Single

Gender: Male Female

Birthdate: _____

DO YOU HAVE A DISABILITY? Yes No

If **Yes**, please state the disability, and any accommodations that may be necessary for you to perform the essential duties of your position: _____

Veteran Status:

- ___ 1. Pre-1950
- ___ 2. Korean Conflict
- ___ 3. Cold War
- ___ 4. Vietnam Conflict
- ___ 5. Post-Vietnam ('73-'91)
- ___ 6. Gulf War
- ___ 7. '92-Present
- ___ 8. Iraq War
- ___ 9. **Not Applicable**

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

Military Reserve:

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

EMERGENCY NOTIFICATION

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

Name: _____

Address: _____ City/State/Zip _____

Phone Number: _____ Relationship: _____

Physician's Name: _____

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

Employee's Cellular Phone Number: _____

Please see back page for more information

PRIOR STATE SERVICE

List all prior employment with Mississippi Valley State University (*Includes employment as a Student Worker*)

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

List any Non-MVSU prior state service in the State of Mississippi

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

Please indicate the retirement plan in which you participated as a State employee:

- PERS** - State Employee Retirement System;
- ORP** - Optional Retirement System Company/Vendor: _____

Are you transferring to MVSU directly from another Mississippi 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 PERS? Yes No

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

Are you currently receiving PERS Benefits? Yes No; If **Yes**, Date of Retirement: ____ / ____ / ____

I have no prior service with MVSU or with any Mississippi State Agency.

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, and I may request reasonable accommodation for any disability that may arise.

Signature of Employee

Date

Signature of Human Resources Representative

Date