

## 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

**Birth date:** \_\_\_\_\_

**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. Unknown
- \_\_\_ 9. Not Applicable

**Military Reserve:**

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

**Education Level**

Please include 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

• **Are you currently enrolled as a student at Mississippi Valley State University?**  Yes  No;

If **Yes**, for what term?  Fall  Spring (Year) \_\_\_\_\_

### **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: \_\_\_\_\_

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  
**Agency/University**

<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.

Have you ever been convicted of anything other than minor traffic violations?    Yes    No If yes, Explain. \_\_\_\_\_

*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