

## 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 **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

• **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**

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- 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> (If different)
_____	_____	_____
_____	_____	_____

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- 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>
_____	_____	_____
_____	_____	_____

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

- PERS – Public Employees’ Retirement System of Mississippi;
- 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)
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- Are you currently participating in Public Employees’ Retirement System of MS?     Yes     No

If Yes, through which state agency? \_\_\_\_\_  
Dates of Service: \_\_\_\_\_

- Are you currently receiving Public Employees’ Retirement System of MS Benefits?     Yes     No;

If Yes, Date of Retirement: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Position/Agency from which Retired: \_\_\_\_\_

- 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. \_\_\_\_\_

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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