

Social Security # \_\_\_\_\_ Title  Mr.  Ms.  Mrs.  Dr.  
Name \_\_\_\_\_ Known as \_\_\_\_\_

Marital Status  Single  Married Date of Birth \_\_\_\_\_  
Primary Phone ( ) \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Privacy** State law gives you the right to choose whether Texas State should allow public access to your home address, home telephone number, emergency contact information, Social Security number, and whether you have family members. **If you do not declare this personal information as confidential, it will be open to the public.** If you are a "peace officer," your home address and telephone number are automatically confidential.

I want my personal information to be confidential.  Yes  No

I am a certified peace officer.  Yes  No

**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

What is your race? (check all that apply)

- Black or African American  Asian  American Indian or Native Alaskan  
 Native Hawaiian or other Pacific Islander  White

**Veteran Classification and Self-Identification**

Are you a veteran?  Yes  No

I identify as one or more of the classifications of protected veteran listed:

- Active wartime or campaign badge veteran  
 Recently separated veteran date of discharge: \_\_\_\_\_  
 Armed forces service medal veteran  
 Disabled veteran  
 I am a protected veteran, but choose not to self-identify the classification to which I belong.  
 I am not a protected veteran.

**Veteran Employment Preference, if applicable** (Individuals claiming preference must provide appropriate documentation).

- Veteran, honorably discharged  
 Surviving spouse (not remarried) of veteran  
 Child of veteran killed while on active duty

**Prior State Service**

I have worked for the State of Texas (including all temporary, student, or previous Texas State University employment). *Local school district (ISD) and community college employment is not eligible.*  Yes  No

- If yes, complete prior state service verification request form. *(Not required for graduate students)*

I am a direct transfer to Texas State University from another state agency or institution in Texas.  Yes  No

- If yes, where did you transfer from? \_\_\_\_\_

I am currently employed with another state agency or institution.  Yes  No

- If yes, where? \_\_\_\_\_

*You must submit **required** dual 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.  Yes  No

- If yes, where? \_\_\_\_\_

Did you work for the State of Texas on 8/31/1995?  Yes  No

*If yes, complete the following. If no, continue to retirement section.*

- Have you left State of Texas employment for more than 12 months?  Yes  No
- Since 9/1/2005, have you left State employment for more than 30 days?  Yes  No
- If no to both, where did you work on 8/31/1995? \_\_\_\_\_

**Retirement**

I am currently active in the Optional Retirement Program.  Yes  No

I am currently an active member of the Teacher Retirement System of Texas (TRS).  Yes  No

I have cashed in a TRS account.  Yes  No

I am a retiree with  TRS  ORP  ERS

Where did you retire from? \_\_\_\_\_ Retirement Date \_\_\_\_\_

Are you holding any public elective office for which you are receiving compensation?  Yes  No  
*(Generally any agency position with federal, state, county, or municipal offices).*

**EMPLOYEE ACKNOWLEDGEMENT: I acknowledge that I have been informed of the relevant web sites for New Employee Notices and the Faculty Handbook. I understand that I am responsible for reading all the information on these sites within the first 30 days of my employment and 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.**

New Employee Notices: [www.hr.txstate.edu/New-Employee-Welcome.html](http://www.hr.txstate.edu/New-Employee-Welcome.html) under 'Getting Started'  
Faculty Handbook: <http://www.provost.txstate.edu/faculty-handbook.html>

**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 \_\_\_\_\_