

**GRAMBLING STATE UNIVERSITY
DEPARTMENT OF HUMAN RESOURCES**

PERSONAL DATA FORM

Employee's Name: _____

Social Security Number: _____

Driver's License or State ID Number _____

State: _____

GSU Home Department: _____

Date of Birth: _____

Selective Service # (if applicable): _____

Home Street Address: _____

Home Mailing Address: _____

City: _____

State: _____

Zip Code: _____

City: _____

State: _____

Zip Code: _____

Parish (Residence): _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Campus E-mail Address: _____

Other E-mail Address: _____

In case of an emergency, contact: _____

Relationship: _____

Phone Number (____) _____

Are you a U.S. citizen/permanent resident? Yes No – If No, enter work authorization number and date of expiration:

Marital Status: Single Married Widowed Divorced

Do you have 10 years or more of service credit with any Louisiana State Retirement system? Yes No If yes, which one?

Do you have prior service at another Louisiana State agency? Yes No. If yes, which one? _____
_____ Are you transferring without a break in service? Yes No

Are you retired from any Louisiana State Retirement system? Yes No. If yes, which one? _____

Did you participate in DROP? Yes No

Are you currently a contributing member of any Louisiana state retirement system? Yes No If yes, which one?

Are you related to any member of the present University staff? Yes No If yes, give name and indicate relationship.

Name: _____

Relationship: _____

Education Level: (Check highest level) _____ Discipline of Highest Degree _____

PhD/EdD Masters/EDS Bachelor Professional Degree/Certificate Hrs. of Academic Credit Diploma

Name of Institution where you received your highest degree: _____ Date Rec'd: _____

*Gender:
 Male
 Female

Religious Preference: _____

*EEO Information:
 Asian/Pacific Islander Hispanic
 Black/Non-Hispanic Foreign
 White/Non-Hispanic Race Unknown
 American Indian/Alaskan Native

COMPLETE REVERSE SIDE

PERSONAL DATA FORM

****VETERAN STATUS:**

Veteran Before 8/64 Vietnam Era Veteran – (If served more than 180 days active duty and received a
 Disabled 30% or More Not a Veteran discharge other than dishonorable)
 Veteran after 1975 (Indicate conflict or years of service below.)

The following information is voluntary but it will assist us in providing for your specific work site needs.

Do you have any disabilities? Yes No If yes, please indicate the nature of the disability and any suggested accommodations which you feel would assist you in carrying out your job duties. Use a separate sheet for more space.

Are you currently:

1. A full-time employee who is engaged or plans to engage in outside employment? If so, you must report the nature of such activity in writing to your department head. Are you (will you be) self-employed or employed by another firm, institution, or agency while working at GSU? Yes No. If yes, name firm: _____ . How much time is involved? _____ per week/month/year.
2. Holding or running for an elective public office? Yes No
3. Holding a full-time appointive office in government of this state or in the government of a political subdivision? Yes No

If yes to either question, please provide:

Type of elective or appointive office and location _____

How much time is involved _____ per week/month/year

PRIOR TO:

1. I acknowledge that I should consult with staff of the Office of Human Resources PRIOR to running for an elective public office, prior to holding a full-time appointive office in government of this state or in the government of a political subdivision, and/or prior to accepting employment with another state agency. **Signature** _____
2. I acknowledge that I must see the Benefits Officer PRIOR to 30 days from the date of my official employment to be eligible for benefits/insurance. **Signature** _____