

# GRAMBLING STATE UNIVERSITY

## DEPARTMENT OF HUMAN RESOURCES

### PERSONAL DATA FORM

Social Security Number:

Driver's License or State ID:

Employee's Name:

Department:

Street Address:

Mailing Address:

City:

State:

Zip Code:

City:

State:

Zip Code:

Parish (Residence):

Home Phone ( ):

Work Phone ( ):

Cell Phone ( ):

E-mail Address:

In Case of

Emergency Contact:

Relationship:

Phone Number ( ):

Are you a U.S. citizen/permanent resident? ☐ Yes ☐ No – If No, Enter work authorization and date of expiration:Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ DivorcedDo you have 10 years or more of service credit with any Louisiana State Retirement system? ☐ Yes ☐ No If yes, which one?

Date of Birth:

Selective Service # (if applicable):

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 ☐ NoAre you retired from any Louisiana State Retirement system? ☐ Yes ☐ No. If yes, which one?Did you participate in DROP? ☐ Yes ☐ NoAre you currently a contributing member of any Louisiana state retirement system? ☐ Yes ☐ No If yes, which one?

If you are related to any member of the present University staff, give name and indicate relationship:

Name:

Relationship:

Education Level: (Check highest level)

☐ PhD/EdD. ☐ Masters/ED.S. ☐ Bachelor

Discipline of Highest Degree

☐ Professional Degree ☐ No Academic Credit

Name of Institution where you received your highest degree:

Date:

\*Gender:

☐ Male  
☐ Female

Date of Birth:

\*EEO Information:

☐ Native American ☐ White  
☐ Hispanic ☐ Black  
☐ Asian/Pacific Islander

**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 dishonorably)  
☐ 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 which 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 \_\_\_\_\_ Yes ☐ No  
government of this state or in the  
government of a political subdivision?

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