

Personal Demographic Data

Name _____ SSN _____ New Hire Change

Instructions: The following information is requested by the University to comply with Federal and State statutes, administer its programs, or otherwise conduct business as an institution. Please complete and return to your department for submission to Human Resources Management.

TO BE COMPLETED BY EMPLOYEE

Gender: Female Male Marital Status: Single Married United States Citizen Yes No Date of Birth: _____

 Nation of Citizenship

Highest degree received as of this employment: Degree _____ Date Awarded _____

Major _____ Institution _____

Prior Service: Were you previously employed by this institution: Yes _____ No _____ If yes, list departments and dates of employment: _____

What Ethnicity Do You Consider Yourself? (Check one.)

- White** (not Hispanic): Origins in Europe, North Africa, or the Middle East.
- Black** (not Hispanic): Origins in any of the Black racial groups of Africa.
- Hispanic:** Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- Asian or Pacific Islanders:** Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native:** Origins in the original peoples of North America and who maintain tribal affiliation or community recognition.

Eligible Veterans Identification Request. (See definitions and check one below.)

- I am a Special Disabled Veteran.** A special veteran is a person is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more; or, rated at 10 or 20 percent, if it has been determined that the individual has a serious employment disability; or, a person who was discharged or released from active duty because of a service-connected disability.
- I am an Other Protected Veteran.** Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. A list of qualifying wars, campaigns and expeditions is shown on the back of this form.
- I am a Newly Separated Veteran who was discharged on _____.** Any veteran who served on active duty in the U.S. military, ground, naval or air services during the one—year period beginning on the date of such veteran’s discharge or release from active duty. (If you were discharged from active duty within a 12-month period prior to beginning employment.)
- I am a Veteran of the Vietnam Era:** A Vietnam era veteran is a person who: (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.
- I am a Disabled Individual.** Any person who (1) has a physical or mental impairment that substantially limits one or more of such person’s major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment. For purposes of this part, a disabled individual is “substantially limited” if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of a handicap.

I acknowledge the information provided above is correct: _____
 _____ Employee Signature _____ Date

TEACHING CREDENTIALS: To be completed by Department/Unit.

Faculty Credentials for Teaching Discipline	Graduate Teaching Assistants
_____ Number of years teaching in higher education prior to MSU. <input type="checkbox"/> Doctoral degree in discipline or closely-related discipline <input type="checkbox"/> Master’s degree with at least 18 earned graduate hours in discipline <input type="checkbox"/> Approved letter (attached or on file) justifying exception to required academic preparation.	<input type="checkbox"/> At least 18 earned graduate semester hours in teaching discipline <input type="checkbox"/> Less than 18 earned graduate hours in teaching discipline. Will not serve as instructor of record for credit classes.

Department Head Signature _____ Date _____