

Minnesota State University Moorhead Employee Profile

(Please read backside prior to completion)

NAME _____ SOC SEC NO _____
Last First Middle

ADDRESS _____
Street City State Zip Code

PHONE NUMBER (____) _____ BIRTH DATE _____ E-MAIL _____

DEPARTMENT _____ ROOM NUMBER _____ OFFICE PHONE _____

ETHNIC GROUP:

Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?

Yes No

CITIZENSHIP:

Citizen (U.S.)
 Non Citizen

SEX:

Male
 Female

SELECT one or more:

- Black, African American
- Asian
- White
- Native Hawaiian/other Pacific Island
- American Indian or Alaskan Native
- Unknown

MARITAL STATUS

Married
 Not Married

VETERAN STATUS

Yes
 No

If you have selected more than one race and ethnic background above, please state which you wish to identify as primary: _____

DISABILITY STATUS:

Are you a person with a disability? Yes No

(Disability is defined as: having a physical and/or mental impairment which substantially limits one or more "major life activities", OR having a record of such an impairment; OR being regarded as having such an impairment.)

Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, reaching and working.

Please Note that checking "yes" will not be considered a request for reasonable accommodation under Minnesota State Colleges and University Policy or federal or state law. If you wish to request a reasonable accommodation for a disability, please contact the Human Resources Director, 218/477-2157.

If insurance eligible, would you anticipate enrolling for: ____ Employee Only Coverage ____ Family Coverage

Are you currently or have you previously been employed by another State of Minnesota agency?

No Yes Agency _____

Are you currently participating or previously participated in a State of Minnesota retirement plan?

No Yes – Plan _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE NUMBER: _____

I declare that the information provided on this form is true and complete:

EMPLOYEE SIGNATURE _____ DATE _____

NOTICE OF INTENT TO COLLECT PRIVATE DATA FROM NEW EMPLOYEES

All new State employees are asked to provide the private data listed to their hiring agency for the purposes noted. Your agency is required to provide these data to the Minnesota Departments of Employee Relations and Finance. State employees who perform personnel or payroll functions may have access to the data, provided their work reasonably requires access. Others who have legal access to the data: Legislative Auditor, Attorney General, entities specifically designated below, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Home Address and Telephone Number: Needed to contact you for work-related matters and to send you important documents. Home address is also required for completion of the Federal Employment Eligibility Verification form (I-9); and the State is legally obligated to provide home address to the Social Security Administration, Internal Revenue Service, applicable State Dept. of Revenue, applicable State retirement system, and Dept. of Human Services. Additionally, if your position is eligible for insurance coverage or represented by a labor organization, applicable insurance carriers and the labor organization representing you have a legal right to this information. You are not legally required to provide these data. However, if you do not provide a home address, you may not receive important documents, the State cannot fulfill its legal obligations and your eligibility for employment may be affected. If you do not provide a home telephone number, your agency may not be able to contact you when necessary.

Social Security Number (SSN): Needed for reporting earnings and taking deductions, as required by law. It is also required for completion of the Federal Employment Eligibility Verification form (I-9). You are legally required to provide your SSN so that we may employ you. Per Federal Internal Revenue Laws, the State is legally obligated to provide your SSN to the Social Security Administration, Internal Revenue Service, and applicable state Dept. of Revenue. The following State agencies also have a legal right to employee SSN's: applicable State retirement system (Mn. Statutes, Chapters 352-356), Dept. of Human Services (Mn. Statutes, section 256.998), and Dept. of Economic Security (Mn. Statutes, section 268.044). Also, if your position is eligible for insurance coverage, applicable insurance carriers may have access to this information, in accordance with Mn. Statutes, sections 43A.23, 62J.54, and 13.05.

Birth Date: Needed to ascertain your retirement status, to determine your cost for certain optional insurance coverage, and to determine actuarial rates. It is also required for completion of the Federal Employment Eligibility Verification form (I-9). You are not legally required to provide your birth date; however, your eligibility for employment may be affected if you do not provide it. Additionally, it would not be possible to determine your eligibility for retirement, severance pay, and certain optional insurance coverage. The Minnesota Dept. of Human Services, applicable insurance carriers, and applicable State retirement system have a legal right to this information.

Ethnic Group, Disability Status, Gender: Needed to determine if the State has a diverse workforce, that is representative of all Minnesotans. You are not legally required to provide these data. However, without this information, the State may not be able to effectively carry out state and federal equal opportunity and affirmative action mandates. Applicable insurance carriers and State retirement system have a legal right to obtain your gender.

Marital Status: Needed to determine eligibility for insurance and death benefit payments. You are not legally required to provide your marital status. However, without this information, certain insurance eligibility determinations and death benefit payments may not be possible. Applicable insurance carriers and State retirement system have a legal right to this information. This information is not needed if your position is not eligible for insurance or retirement benefits.

Emergency Contact Information: Needed so that someone may be contacted if an emergency occurs and you need assistance. You are not legally required to provide this information. However, if you do not provide it, we will not be able to contact anyone if an emergency occurs.