**South Dakota Board of Regents System New Hire Information**

**General Information**

 **(All employees complete front page)**

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| Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: [ ]  Male [ ]  Female Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marital Status: [ ]  Single/Divorced/Widowed [ ]  Married or Legally Separated Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In Case of Emergency, Notify: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The South Dakota Board of Regents system is an equal opportunity employer. Information requested in the following sections will only be used for statistical and/or affirmative action purposes and will be treated as confidential.**

**Citizenship**

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| [ ]  US Citizen - US [ ]  Resident Alien/Perm Resident - RA [ ]  Alien Substantial Pres - SP [ ]  Non-Resident Alien - NR |
| **If not** US Citizen, Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nation of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nation of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Ethnicity (check all that apply)**

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| [ ]  Hispanic or Latino - HI[ ]  Not Hispanic or Latino: [ ]  White - WH [ ]  Black – BL  [ ]  Asian or Pacific Islander - AS [ ]  American Indian or Native Alaskan - AM  |

**Veteran’s Status**

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| [ ]  Not a Veteran [ ]  Active Wartime or Campaign Badge Veteran [ ]  Not a Protected Veteran[ ]  Protected Veteran [ ]  Armed Forces Service Medal IndicatorDischarge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disabled Veteran: [ ]  Yes [ ]  No |

**Institutional Address**

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| --- |
| Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building/Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**By signing this New Hire Information form, you are certifying that the information is true, correct, and complete to the best of your knowledge and belief. You are authorizing investigation of all statements you have made. Misrepresentation, falsification, or omission of facts called for in this statement is cause for termination of employment. I hereby certify that** [ ]  **I am registered with the Selective Service pursuant to the Military Selective Service Act (50 USC 453) as amended and in effect on January 1, 1988, or** [ ]  **For a reason specified (I am female; I have not reached my 18th birthday; I am a lawfully admitted nonimmigrant alien on a VISA; I was born before 1960; I am in the Armed Services on active duty (note: does not apply to Reserves and National Guard who are not on active duty); or I am a citizen of the Federated States of Micronesia, the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palua)), I am not required to be registered.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete this side, *ONLY* if you are a benefit-eligible employee.**

**Educational Information**

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| Identify level of education completed: [ ]  GED [ ]  High School [ ]  None [ ]  College (complete areas below)  Month/YearName of College City/State Major Degree Awarded |
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**Prior Work Experience with the State of South Dakota**

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| Have you previously been employed by the State of South Dakota? [ ]  Yes [ ]  NoList any other name(s) used during previous employment with the state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In order to assure credit for longevity and leave accrual, list past employment with the State of South Dakota. Use additional sheet of paper if more space is needed.Department Location Job Title Full/Part-time Begin Appoint End Appoint |
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**Department Use**:

Position Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Org Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ECLASS Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR Office Use**:

[ ]  PPAGENL [ ]  PEAEMPL (Prior Service) [ ]  PPAIDEN (Veteran’s Status) [ ]  PPAEXPR

 Revised Aug 2011