

NEW EMPLOYEE PROFILE

DEMOGRAPHIC INFORMATION

Legal Name		<i>Last</i>		<i>First</i>		<i>Middle</i>		Preferred First Name	
SSN		Birth Date		Home Phone		U.S. Citizen			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Address <i>Street</i>									
<i>City</i>			<i>State</i>		<i>Zip Code</i>		<i>County</i>		

Race and Ethnicity Background *(Optional)*

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

Select one or more:

American Indian or Alaska Native – A person having origins in any of the original peoples of North, Central or South American and who maintains tribal affiliation or community attachment

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent

Black or African American – A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa

Unknown

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

Gender <i>(Optional)</i>		Marital Status <i>(Optional)</i>		Veteran Status <i>(Optional)</i>	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Disability Status *(Optional)*

Do you have a disability, as defined below, which substantially limits you from performing one of life's major activities?
 Yes No A person with a disability is one who has a physical or mental impairment, which substantially limits one or more major life activities*.

*Major life activities are the basic activities that the average person can perform with little or no difficulty, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, reaching, and working.

Teachers Retirement Association

Are you a TRA Annuitant? Yes No

ON-CAMPUS INFORMATION *(If you are unsure of this information, contact your department secretary.)*

If your position is split between 2 departments, list the 2nd department information on the line to the right.

Department: 1. _____		2. _____	
<i>This is the primary department to which you are assigned.</i>			
Mail Code: 1. _____		2. _____	
<i>Building & room where mail will be sent. May be different than actual office location.</i>			
Actual Office Location: 1. _____		2. _____	
<i>The building and room number of your actual office.</i>			
Office Phone: 1. _____		2. _____	
<i>This number will appear in campus publications. If not listing your personal office phone notify the dept. secretary.</i>			

NOTICE OF INTENT TO COLLECT PRIVATE DATA FROM NEW EMPLOYEES

All new State employees are asked to provide the private data listed below 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.

I HAVE READ THE ABOVE INFORMATION:

NAME: _____ DATE: _____