

South Dakota Board of Regents System New Hire Information

General Information

(All employees complete front page)

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

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)

Hispanic or Latino - HI

Not Hispanic or Latino: White - WH Black - BL American Indian or Native Alaskan - AM

Asian or Pacific Islander - AS

Veteran's Status

Not a Veteran Vietnam Era Veteran Other than Vietnam Era Veteran

Discharge Date: _____ Disabled Veteran: Yes No

Institutional Address

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

Identify level of education completed: GED High School None College (complete areas below)

Name of College	City/State	Major	Degree	Month/Year Awarded

Prior Work Experience with the State of South Dakota

Have you previously been employed by the State of South Dakota? Yes No

List 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

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