

## Personal Information

Human Resource Services

**CHECK APPROPRIATE BOX:**

- New Hire - Complete all sections (if applicable).  
 Changes - Section 1 Only (Social Security card verification Required for Name Changes)  
 Date Changes Effective: \_\_\_\_\_

**STATUS:**

- Faculty    Administrator    Letter of Appointment    Contract Professional  
 Coach    Staff    Temporary Staff    Campus Affiliate

**SECTION 1. Note: Address is available to view by all UM Banner System users.**

PLEASE PRINT

Name \_\_\_\_\_ Previous Name \_\_\_\_\_  
 (Last, First, Middle Initial) (If you have worked at the University under another name).

Name on social security card, if different than above \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen?  
 Month Day Year  Yes (Y)  
 No (N)  
 (If No, complete Section 4)

Personal Phone \_\_\_\_\_

Department \_\_\_\_\_ Campus Phone \_\_\_\_\_

I have received the Affordable Care Act (ACA) notification letter and Part A information.

Have you been previously employed by UM?  No  Yes →→→ If Yes, approximate last day worked: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 (Last, First, Middle Initial)

Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**SECTION 2. All new employees must complete this section.**

**RETIREMENT SYSTEM INFORMATION** – Have you ever participated in or retired from a Montana Retirement System (TRS or PERS) or TIAA-CREF?  No  Yes →→→ If yes, please check all that apply and fill in the information below.

<input type="checkbox"/> Teachers' Retirement System (TRS)	_____	_____	_____
	Employer	Dates of Employment	Retirement Date
<input type="checkbox"/> TIAA-CREF	_____	_____	_____
	Employer	Dates of Employment	Retirement Date
<input type="checkbox"/> Public Employees' Retirement System (PERS)	_____	_____	_____
	Employer	Dates of Employment	Retirement Date

**SECTION 3. New employees may complete this optional section used for Employment Opportunity and Affirmative Action Statistics.**

**Ethnicity and Race:** Do you consider yourself to be Hispanic/Latino?  Hispanic or Latino  Not Hispanic or Latino  
 In addition, please select one or more of the following categories to describe yourself:

White    Asian    Black or African American    Native Hawaiian or Other Pacific Islander  
 American Indian or Alaskan Native Tribe Affiliation: \_\_\_\_\_

Sex:  Male (M)  Female (F)   **Marital Status:**  Married (M)  Single (S)  Domestic Partner

**Veteran Status:**  Not Applicable    Armed Forces Service Medal Veteran    Disabled Veteran  
 Active Wartime or Campaign Badge Veteran    Recently Separated Veteran: \_\_\_\_\_

I acknowledge the information provided is correct: \_\_\_\_\_  
 EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 4. To be completed only by those who are not U.S. citizens.**

**VISA INFORMATION**

Current Visa Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Visa Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Entry Visa Type: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Port of Entry: \_\_\_\_\_ Entry Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ I-94 Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ Nation of Citizenship: \_\_\_\_\_

**NOTICE OF TIAA-CREF ELIGIBILITY**

Foreign Faculty who are employed at .50 FTE or greater are required to enroll in the TIAA-CREF Retirement System after two consecutive academic year appointments.

Foreign Faculty may voluntarily elect to join at the time of hire if employed at .50 FTE or greater. By voluntarily electing participation in TIAA-CREF, I understand that a tax-deferred percentage of each paycheck will be automatically deducted. The University will contribute a percentage of the total covered payroll to TIAA-CREF.

- I do not elect TIAA-CREF participation at this time.
- I wish to participate in TIAA-CREF. I understand that my contributions will begin the pay period following receipt of my completed enrollment application.

I acknowledge the information provided is correct: \_\_\_\_\_

**EMPLOYEE SIGNATURE**

**DATE**