



## 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 \_\_\_\_\_ (Last, First, Middle Initial)      Previous Name \_\_\_\_\_  
 (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 \_\_\_\_\_

UM Department Montana Campus Compact      Campus Phone 406-243-5177

Campus Building & Room Number Davidson Honors College #020

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

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**