UNIVERSITY OF MONTANA

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_____

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_____ 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.

☐ Teachers' Retirement System (TRS)
☐ TIAA-CREF
☐ 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**