

Personal Information Form – New Employees



Name *(first, middle, last)* _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Physical Address *(if different than above)* _____
 City _____ State _____ Zip Code _____
 Personal Ph. No. _____ Personal Email _____
 Birth Date *(mm/dd/yyyy)* _____ Social Security Number _____
 Name on Social Security card *(if different than above)* _____
 Are you a U.S. Citizen? YES NO

EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship _____
 Contact Address _____
 City _____ State _____ Zip Code _____
 Contact Phone Number _____

RETIREMENT SYSTEM INFORMATION

Have you ever participated in or retired from a Montana Retirement System (PERS or TRS)?
 NO YES *If YES, provide information below.*

Public Employees' Retirement System (PERS)

Employer _____	Dates of Employment _____	Retirement Date _____
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Teachers' Retirement System (TRS)

Employer _____	Dates of Employment _____	Retirement Date _____
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DEMOGRAPHIC INFORMATION *(optional; for equal employment opportunity & affirmative action statistics)*

Do you consider yourself to be Hispanic/Latino? Hispanic or Latino Not Hispanic or Latino

Select one or more of the following categories to describe yourself:

Asian Black/African American Native Hawaiian/Other Pacific Islander White
 American Indian/Alaskan Native Tribe Affiliation _____

Gender Identity: Female Male Other Prefer Not Answer

Marital Status: Married Single

PROTECTED VETERAN STATUS Not Applicable Veteran, but **NOT** Protected Status

Active Wartime or Campaign Badge Veteran Armed Forces Service Medal Veteran
 Disabled Veteran Recently Separated Veteran *(last 36 months)* Discharge Date _____

I acknowledge the information on this form is correct _____
Employee Signature Date