

# Department Data Entry Worksheet

## FSU New Employee Information

Employee ID: \_\_\_\_\_ Applicant ID: \_\_\_\_\_  
Prefix: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Last: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Gender: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Country: \_\_\_\_\_

### Address Information:

(Home Address should be a foreign address for NRA employees)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

☐ Check here if Mailing Address is the same as Home Address

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

FS119  
Exemption

### Contact Information:

Home Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FSU Text Alert: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Campus Email Address: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Relatives Employed at FSU:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

### Selective Service:

Can you provide proof of Selective Service Registration? (Please select one answer only.) For more information, see the Selective Service System-Who Must Register chart at <http://www.sss.gov/must.htm> or call (850) 644-6034.

- ☐ Yes
- ☐ Not Applicable - I am a female
- ☐ Not Applicable - I am a Lawful non-immigrant on a visa  
(i.e. a foreign student, a tourist with unexpired Form I-94, or Border Crossing Document DSP-150)
- ☐ Not Applicable - I was born before January 1, 1960
- ☐ Not Applicable - Other, please explain \_\_\_\_\_
- ☐ No

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### Education Information:

Highest Education Level: \_\_\_\_\_ Full Time Student? ☐ Yes ☐ No Degrees Conferred: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

Institution: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

Institution: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

Are you involved in classroom teaching? ☐ Yes ☐ No

If yes, are you competent in the spoken English language? ☐ Yes ☐ No

### Equal Employment Opportunity Solicitation:

In order to meet the University's obligations as a federal contractor, we request that you complete the following information. This information will only be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions. Completion of this information is voluntary and will not affect your employment opportunities with the University. The information is confidential and will be kept separate from your other applicant information.

#### Voluntary Self-Identification of Ethnicity/Race:

Do you consider yourself Hispanic/Latino?

☐ Yes ☐ No ☐ I decline to Self-Identify

Please select one or more of the following racial categories to describe yourself:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ I decline to Self-Identify

#### Voluntary Self-Identification of Protected Veteran:

☐ I am a protected veteran. (Select all that apply)

☐ Disabled Veteran

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability. (If you are a disabled veteran and you would like to request a reasonable accommodation, please contact the Equity, Diversity, & Inclusion Office at (850)645-1458 or EDI@fsu.edu.)

☐ Armed Forces Service Medal Veteran

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

☐ Active Duty Wartime or Campaign Badge Veteran

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

☐ Recently Separated Veteran

A veteran during the three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. Discharge Date: \_\_\_\_\_

☐ I am not a protected veteran, but I am a veteran

☐ I am not a veteran

☐ I decline to Self-Identify

## Voluntary Self-Identification of Disability

Form CC-305

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OMB Control Number 1250-0005

Expires 05/31/2023

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

*Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodations to qualified individuals with disabilities. Please tell us if you require a reasonable employment accommodation to apply for a job or to perform your job. To request a reasonable accommodation, please contact the Equity, Diversity, & Inclusion Office at (850) 645-1458 or [EDI@fsu.edu](mailto:EDI@fsu.edu).

FSU New Employee Information

Employee Signature:

Print Name	Signature	Date
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Revised 08/06/2020