

STUDENT EMPLOYEE INFORMATION FORM

PERSONAL DATA						
Last Name:		First Name:			Middle:	
Local Address:		City, State:			Zip Code:	
Permanent Address: (If different from local address)		City, State:			Zip Code:	
Citizenship:	Cell Phone:		PID#:			
Email:			Date of Birth	n (mm/dd/yyyy)	:	
EMERGENCY CONTACT INFORMATION						
Name:		Relationship:	Relationship:			
Primary Phone:	□Home □ Cell	□ Work	Email:			
Alternate Phone:	□Home □ Cell	□ Work	□ Work Do you have any relatives working at FRIB or NSCL? □Yes □No If yes, who?			
EDUCATION INFORMATION						
Are you currently enrolled? □Yes □No		Have you ever worked on campus before? □Yes □No If yes, when?				
Major Enrolled in at MSU:		Anticipated grad		Anticipated grad	duation year:	
GENERAL INFORMATION Tell us about yourself. Why do you want to	work at FRIB? Wha	at are your long	term career go	als? This will be	e published in our internal newsletter.	
For HR use only:						
Card Number: PIN:						

VOLUNIARY SELF IDENTIFICATION						
Michigan State University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to fulfill these reporting obligations, we request your voluntary completion of the information below. Failure to complete this information will have no bearing on the processing or status of your employment. This information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations including those that require the information to be summarized and reported to the federal government for civil right enforcement.						
I do not wish to self-identify: $\ \square$	Gender:					
Question 1: Are you Hispanic or Latino?						
Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race						
☐ No, Not Hispanic or Latino ☐ Yes, Hispanic or Latino						
If you answered "yes" to Question 1, then Question 2 is optional. If you answered "no" to Question 1, please answer Question 2.						
Question 2: Please select the category or categories with which you most closely identify. Check as many as apply:						
☐ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa						
☐ Black or African American: a person having origins in any of the black racial groups of Africa						
☐ American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment						
Asian: a person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam						
☐ Native Hawaiian or Other Pacific Islander: a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands						
☐ Two or More Races: a person who identifies with more than one of the above five races						
VETERAN STATUS						
☐ Non-Veteran						
☐ Vietnam Era Veteran:						
A person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.						
☐ Special Disabled Veteran						
(i) 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.						
☐ Other Protected Veteran						
Includes any veteran who served on active duty in the U.S. military, ground, navel or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.						
☐ Recently Separated Veteran						
Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.						
☐ Armed Forces Service Medal Veteran						
Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.						
DISABILITY STATUS						
I am a person with a disability:						
*Persons with disabilities who wish to request reasonable accommodations should cont. Disabilities (RCPD) at (517) 884-7273.	act Michigan State University's Resource Center for Persons with					