

**EMPLOYEE DATA FORM****Employee ID** (if known) \_\_\_\_\_ **Employee Name** \_\_\_\_\_

*Note: Employee name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.*

**Date of Birth:** \_\_\_\_\_ **Marital Status:**  Single  Married**Gender:**  Male  Female **Social Security Number:** \_\_\_\_\_**Highest Level of Education:**  HS/GED  Associate  Bachelor  Masters  
 J.D./M.D.  Ed.D.  Ph.D.  Other Explain: \_\_\_\_\_**Citizenship Status:**  A citizen of the United States  A noncitizen national of the United States  
 A lawful permanent resident  An alien authorized to work

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**Addresses** (Definitions are on page 2):

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

By providing your mobile telephone number, you agree to enrollment in the Eagle Alert system for text and voice messaging. If you do not wish to receive emergency notifications via text and voice messaging, you must opt-out here.

 **I wish to opt-out**

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**Ethnic Origin** (Ethnic Group definitions are on page 2):**Are you Hispanic or Latino?**  Yes  No**What is your race?** Select only one  American Indian or Alaska Native  Asian  Black/African American  
 Native Hawaiian or Other Pacific Islander  White  Multi – Two or more Races

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**Previous State of Mississippi Employment:**Have you been employed by the State of Mississippi before?  Yes  No

If yes, what agency/department? \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Are you a currently contributing to PERS?  Yes  NoAre you a currently receiving Retirement Benefits from PERS?  Yes  No

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Confidentiality** - Under federal law The University of Southern Mississippi is required to collect and report data regarding the gender, racial and ethnic composition of its workforce. This information is used for reporting administrative purposes.

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**Instructions:**

**Employee:** Complete and sign the form. The form can be provided in one of three ways below.

**Hattiesburg**

Fax: 601-266-4541 (Human Resources)

Mail: Human Resources  
118 College Drive #5111  
Hattiesburg, MS 39406

**Gulf Coast**

Fax: 228-214-5412 (Human Resources)

Human Resources  
730 East Blvd  
Long Beach, MS 39560

Provide to hiring department.

**Department: Do not retain a copy of this form as it contains protected information.**

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**Definitions:****Addresses:**

**Home Address:** The place where the employee physically resides. For Foreign Nationals, the Home address must be their Foreign Address, and the mailing address will be their local address.

**Mailing Address:** The place the employee receives his or her mail. This must be completed only when the address is different from their home address.

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**Ethnic Origin:**

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.

**Asian:** A person having origins in any of the original 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.

**Black/African American:** A person having origins in any of the Black racial groups of Africa.

**Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Multi – Two or more Races:** All persons who identify with more than one of the above five races.

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