

# 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: \_\_\_\_\_

FS119  
Exemption

Check here if Mailing Address is the same as Home Address

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

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

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

### 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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## FSU New Employee Information

### 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 would like to request a reasonable accommodation, please contact the Equal Opportunity Compliance & Engagement Office (EOCE) at 850-644-6519 or HR-ADA@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

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

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

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress toward this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your “major life activities.” If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn’s Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson’s disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want 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 notify the Human Resources, Equal Opportunity Compliance & Engagement Office (EOCE) at 850-645-1458 or [HR-ADA@fsu.edu](mailto:HR-ADA@fsu.edu) in advance if you require an ADA disability-related reasonable accommodation(s) to participate in the application process.

## FSU New Employee Information

**Employee Signature:**

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Print Name

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Signature

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Date

Revised 08/06/2020