

McNeese State University
4205 Ryan Street
Lake Charles, LA 70609

EMPLOYEE INFORMATION FORM

McNeese State University assures equal opportunity for all qualified persons without regard to race, color, religion, gender, sexual orientation, national origin, age, disabilities, marital status, or veteran's status.

Complete in detail. Return with hiring notice or Letter of Offer.

1. **Name:** _____
(Print) Last First Middle Social Security Number

2. **Address (Current):** _____
Number Street City State Zip Code

Home Telephone: () _____ **Business Telephone:** () _____

3. **Date of Birth:** ____ / ____ / ____

4. **Gender:** Male Female

5. **Ethnicity and Race Information:**

Ethnic Origin: (Please check one.)

- Hispanic or Latino
- Non-Hispanic or Non-Latino

Race: (Please check all that apply.)

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

6. **Are you a U.S. Citizen?** (Check A, B, or C.)
A. U.S. Citizen B. Resident Alien C. Non-Resident Alien

If not U.S. Citizen, country of citizenship _____

Also, country of residence if different _____

7. **Previously employed by the State of Louisiana?** Yes No

If yes, total months employed _____ Identify last employing agency _____

8. **Are you a veteran?** Yes No

If yes, please check one of the following:

- Special Disabled Veteran
- Vietnam-era Veteran
- Other Eligible Veteran

9. **Position applied for:** _____

Department: _____ **College:** _____

10. Are you related to any person who has an employment relationship with the University? Yes No
 If "Yes", please list ALL names, departments, and relationships. NOTE: Employment relationships with the University can be paid or unpaid, full time, part time, permanent, temporary, or as a student employee. Use additional paper if you need more space.

Name: _____	Department: _____	Relationship: _____
Name: _____	Department: _____	Relationship: _____
Name: _____	Department: _____	Relationship: _____
Name: _____	Department: _____	Relationship: _____
Name: _____	Department: _____	Relationship: _____
Name: _____	Department: _____	Relationship: _____

11. How did you find out about this employment opportunity?

- McNeese State University Website
- HigherEdJobs.com
- Newspaper (Specify)
- Other (Specify)

EDUCATION

Check the block for the highest level of education you have completed (Check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Trade Schools and/or Professional Certifications
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

List degree, date awarded, major, and institution for any degree(s) earned:

<u>Degree</u>	<u>Date Awarded</u>	<u>Major</u>	<u>Institution</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TEACHING EXPERIENCE

FULL-TIME:

<u>Position Held</u>	<u>Dates of Service</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART-TIME:

<u>Position Held</u>	<u>Dates of Service</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NON-TEACHING EXPERIENCE

FULL-TIME:

<u>Position Held</u>	<u>Dates of Service</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART-TIME:

<u>Position Held</u>	<u>Dates of Service</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT INFORMATION

Name: _____ **Relationship:** _____
(Print) Last First

Address (Current): _____
Number Street City State Zip Code

Home Telephone: () _____ **Business Telephone:** () _____

CLASSIFIED employees **MUST SEND** the Employee Information Form to Human Resources, Box 91615, MSU, Lake Charles Louisiana 70609.

UNCLASSIFIED employees **MUST SEND** three letters of recommendation, an official transcript(s) of all college credit, and the Employee Information Form to the Vice President for Academic Affairs, MSU, Box 93220, Lake Charles, Louisiana 70609.

VISITING LECTURERS (VL) **MUST SEND** an official transcript(s) of all college credit and the Employee Information Form to Academic Affairs, MSU, Box 93220, Lake Charles, Louisiana 70609.

GRADUATE ASSISTANTS (GA) **MUST SEND** an official transcript(s) of all college credit and the Employee Information Form to Academic Affairs, MSU, Box 93220, Lake Charles, Louisiana 70609.

Employees may be terminated if documentation necessary to complete the personnel file is not received.

Any falsification of information or failure to provide essential information will be cause for disqualification or dismissal.

SIGNATURE: _____

DATE: _____