

Sam Houston State University Human Resources

Employee Statistical Data Sheet

This form is required for state and federal reporting purposes upon employment.

Sam ID: _____ Name: _____
Last First MI
 Date of Birth: _____ Phone: _____ Department: _____

1. What is your citizenship status?
 Natural Born Citizen Permanent Resident Alien
 Naturalized Citizen Non-Resident Alien
2. What is your gender?
 Male Female
3. Are you a veteran?
 Yes No
4. If applicable, please list your Veteran's Preference:
 Surviving spouse of veteran Orphan of veteran
5. Are you Hispanic or Latino?
 Yes No
6. What is your ethnicity?
 White Black or African American
 American Indian or Alaska Native Hispanic
 Asian Native Hawaiian or Pacific Islander
7. Do you have a disability that requires an accommodation? Yes No
If yes, explain: _____
8. Do you have prior service with SHSU or any other Texas state agency or university, community college, or school district? Yes No **If yes, give agency name(s) and dates:** _____
9. Will you be simultaneously employed at SHSU and another Texas state agency or university, community college, or school district? Yes No **If yes, list: Agency name** _____
10. Are you presently participating in the Texas Employees Group Benefits Program (GBP)? Yes No
11. Are you presently contributing to Teacher Retirement System (TRS)? Yes No
12. Are you presently contributing to Optional Retirement Program (ORP)? Yes No
13. Have you ever been previously employed in a position eligible to elect participation in the ORP at another Texas institution of higher education? Yes No
14. **If yes to 13**, did you opt out of ORP? Yes No N/A
15. If you are/were a member of ORP with another institution of higher education in Texas please list institution name(s) and date(s) of participation: _____
16. Are you a **RETIREE** from a Texas state agency or university, community college, or school district eligible for ERS/TRS/ORP benefits? Yes No **If yes, list agency name and date:** _____
 Retirement plan: ERS TRS ORP
 If ORP Vested Not Vested

Note: If you are a TRS retiree hired in a benefits eligible position, you must also complete the *TRS-CARE Employer Health Benefit Surcharge Information Form (TRS 667)*.

Signature _____ **Date** _____

Sam Houston State University is an Equal Employment Opportunity/Affirmative Action Plan Employer and Smoke/Drug-Free Workplace