SAM HOUSTON STATE UNIVERSITY

March 2009

A Member of the Texas State University System

APPLICANT STATISTICAL DATA SHEET

SHSU/EEO COMPLIANCE FORM "E"

Please print legibly or type the information requested. Please attach a copy of your driver's license (or state identification card) and your social security card. Return the data sheet with these documents to: Human Resources Department P.O. Box 2356 Huntsville, TX 77341-2356.

In accordance with Section 51.215(c) (Education Code), if a position has been designated as security sensitive your application for employment and this code authorizes the university to obtain criminal history information that may be used only for the purpose of evaluating applicants for employment.

*SINCE THIS FORM IS **VOLUNTARY DURING THE EMPLOYMENT PROCESS**, YOU MAY REFUSE TO ANSWER ANY OR ALL OF THE QUESTIONS LISTED BELOW WITHOUT AFFECTING YOUR CHANCES FOR EMPLOYMENT.*
UPON EMPLOYMENT, THE FORM IS REQUIRED FOR STATE AND FEDERAL REPORTING PURPOSES.

SS #: _____ Name: _____
Last First MI

Phone #: _____ Address: _____

Date of Birth: _____ Driver's License #: _____ State:_____

Citizenship Status (check correct code):
- ☐ 1 Natural Born
- ☐ 2 Naturalized
- ☐ 3 Permanent Resident Alien
- ☐ 4 Non-Resident Alien (attach proof of current employment authorization)

Veteran Status:
- ☐ No
- ☐ Yes

Race (check correct code):
- ☐ 1 White Non-Hispanic
- ☐ 2 Black Non-Hispanic
- ☐ 3 American Indian/Alaskan Native
- ☐ 4 Hispanic
- ☐ 5 Asian/Pacific Islander

Sex:
- ☐ Male
- ☐ Female

Do you have a disability that requires an accommodation? ☐ No ☐ Yes
If yes, explain: _____
_____

Will you be simultaneously employed at SHSU and another Texas state agency or university, community college, or school district? ☐ No ☐ Yes
If yes, list: Agency name _____
Are you presently participating in the Uniform Group Insurance Program? ☐ No ☐ Yes
Are you presently contributing to Teacher Retirement System? ☐ No ☐ Yes

Do you have prior service with SHSU or any other Texas state agency or university, community college, or school district? ☐ No ☐ Yes **If yes,** give agency name(s) and dates: _____
_____

Are you a **RETIREE** from a Texas state agency or university, community college, or school district eligible for ERS/TRS/ORP benefits? ☐ No ☐ Yes **If yes,** list agency name _____
Retirement date _____
Retirement plan ☐ ERS ☐ TRS ☐ ORP
If ORP ☐ Vested ☐ Not Vested

If you are a TRS retiree, you must also complete the *TRS-CARE Employer Health Benefit Surcharge Information Form* (TRS 667), available at: http://www.trs.state.tx.us/Forms/trs667.pdf.

Signature _____ **Date** _____

How did you learn of this vacancy?_____

As an Equal Employment Opportunity/Affirmative Action Plan/Government Contract Compliance employer, Sam Houston State University is required by law to maintain records of job applicants based on the information asked for on this form. It is the policy of Sam Houston State University to give all applications consideration based only on job-related criteria; therefore, only the information contained in the application for employment will be forwarded to the hiring unit. The information contained on this form is for statistical purposes only and will not have any adverse impact on the employment of any particular class of applicant. It will be retained in the Human Resources Department; is regarded as confidential; and is, together with all papers, etc., the property of Sam Houston State University.

----------APPLICANT: DO NOT WRITE BELOW THIS LINE--FOR OFFICE USE ONLY----------

NOTE: Hiring Department **MUST** fill in the following information prior to sending this form to a faculty/administrative applicant:

Requisition Number _____ Title Number _____ EEO Code ____ Department_____