

Employee Information Form

Section 1: Employee Information				
Legal Name as Printed on Social Security Card: (Last, First, Middle)			Social Security Number - -	
Preferred First Name (if different)	Primary Phone Number: ()	Personal Email (Optional)		
Permanent Address: Street/PO Box	City	State	Zip	County
Preferred WOU Faculty/Staff Email Address Name (see formatting below) Example: doej@wou.edu for Jane Doe _____@wou.edu <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> _____ Last Name _____ First Letter of First Name </div>				
Section 2: Emergency Contact Information				
Name	Relationship	Phone Number ()		
Section 3: Employment Information/Job Location				
Start Date	Department	Position		
Location Job Duties will be Performed: <input type="checkbox"/> Monmouth, Oregon <input type="checkbox"/> Other: _____				
Type of Appointment: <input type="checkbox"/> Unclassified Professional <input type="checkbox"/> Classified Staff <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Unclassified Faculty <input type="checkbox"/> Temporary Employee				
Section 4: Other Employment				
Have you ever been on Western Oregon University payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____				
Are you currently employed by another school in the Oregon University System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what institution? _____ FTE? _____				
Section 5: Retirement Plan Status				
Are you an Oregon PERS member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what agency? _____ Tier? _____				
Are you a member of the Optional Retirement Program (ORP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Investment company? _____				
Section 6: Signature				
<div style="display: flex; justify-content: space-between; height: 60px; align-items: flex-end;"> <div style="width: 45%; border-top: 1px solid black;"></div> <div style="width: 45%; border-top: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Employee Signature Date </div>				

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EMPLOYEE INFORMATION FORM



Section 7: Employee Information

Name: _____

Start Date	Department	Position
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Section 8: Miscellaneous (Completion of this Section is Not Required)

How did you hear about this job? _____

Section 9: Affirmative Action Information (Completion of this Section is Not Required)

Gender: Male Female Non-Binary

Race/Ethnicity:

- Asian/Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. The area includes, for example: China, Japan, Korea, the Philippine Islands and Samoa.
- Hispanic/Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultural or origin regardless of race.
- Black/African American:** All persons having origins in any of the Black racial groups.
- American/Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- White (Not of Hispanic Origin):** All persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.
- Decline or Refuse to Answer**

Section 10: Veteran Status Information (Completion of this Section is Not Required)

- Vietnam Era Veteran:** A veteran whose active military, navy, or air service (or any part of it) was during the period beginning August 4, 1964 and ending May 7, 1975, provided that either of the following is true: 1) the veteran served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or 2) the veteran was discharged or released from active duty because of a service-connected disability
- Special Disabled Veteran:** Either a) a veteran who is entitled to compensation (or who would be but for the receipt of military retired pay) under laws administered by the Department of Veterans Affairs for a disability (I) rated at 30% or more, or (II) rated at 10 or 20% in the case of a veteran who has been determined under section 1506 of Title 38, to have a serious employment handicap; or b) a veteran who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran:** A veteran who served on active duty in the U.S. Military, ground, naval, or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- Other Protected Veteran:** A veteran who served on active duty during a war or in a campaign or expeditions that met this criterion, go to <http://opm.gov/veteran/html/vgmedal2.htm>

Section 11: Signature

Employee Signature

Date