

PERSONNEL DATA SHEET

The information requested is considered private, except for your name and veteran status. It may be released only to you or to agencies or persons authorized by law to receive it. Data may be supplied to the Minnesota Departments of Finance, Employee Relations, State Retirement System, the Legislature and its agencies, the courts, Federal and State auditors, and individuals authorized by the employee.

Name: _____
Last First Middle

Address: _____
 (street, city, state, zip)

Residence County: _____ **Primary Phone:** _____ - _____ - _____

Secondary Phone: _____ - _____ - _____

Email Address: _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____ / ____ / ____

Gender: ___ Male ___ Female (month/day/year)

Ethnic Group: ___ African American, ___ Asian or Pacific Islander, ___ Caucasian, ___ Hispanic,
 ___ Native American or Alaskan Native

Disability Status: A disability may be defined as:

- a. having a physical or mental impairment which substantially limits one or more major life activities*;
- b. having a record of such an impairment; or,
- c. being regarded as having such an impairment.

*Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Disabled: ___ Yes ___ No

Veteran: ___ Yes ___ No

Marital Status: ___ Single ___ Married

Are you a United States citizen: ___ Yes ___ No

Has the State of Minnesota previously employed you: ___ Yes ___ No

If yes, please indicate;

Agency: _____

Dates: _____

Retirement Plan: ___ MSRS ___ PERA ___ TRA ___ IRAP

If previously employed under a different name, previous name used: _____

Person to contact in case of emergency; Name: _____

Number(s): _____

I declare that the information provided on this form is true and complete.

 (Employee's Signature)

 (Date)

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