

Faculty Staff Student R# _____

Full Legal Name from Social Security Card _____

SSN _____ **Preferred First Name** _____

Permanent Address: Street Line 1 _____

Street Line 2 _____ Street Line 3 _____

City _____ State or Province _____ Zip or Postal Code _____

Permanent Telephone _____ **Home Email** _____

Emergency Contact: Last Name _____ First Name _____

Emergency Street Line 1 _____

Street Line 2 _____ Street Line 3 _____

City _____ State or Province _____ Zip or Postal Code _____

Emergency Telephone Number _____ Emergency Email: _____

PPAIDEN

Veteran Status and Employment Preference (State): *Check all that apply.*

To claim veteran's preference, verifying documentation must be submitted to Human Resources.

Not a Veteran

Y - Yes, Veteran Active Duty Separation Date _____

V - Veteran Preference

W - Veteran Surviving Spouse not remarried

O - Orphan of veteran killed while on active duty

U - Unknown

N - No Veteran Preference

PEAEMPL

Foster Child Preference: *To claim a foster child's preference, verifying documentation must be submitted to Human Resources.*

I certify that I am 25 years of age or younger and was under the permanent managing conservatorship of the Department of Family and Protective Services on the day preceding my 18th birthday.

EEO Reporting Data:

Choose one Hispanic or Latino Non-Hispanic or Latino

Race (select up to five)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

PPAIDEN

Native Language: _____

GOAINTL

TEXAS TECH PERSONAL/BIOGRAPHIC DATA FORM, CON'T

Highest Level Education Information

Institution _____ City _____
 Diploma or Degree/Major _____ Graduation Date _____
 Institution _____ City _____
 Diploma or Degree/Major _____ Graduation Date _____

PPAGENL

I have been a Peace Officer, Security Officer or Texas Department of Criminal Justice employee in the State of Texas
 Yes _____ No _____

WOAHOLD

Texas Employee Confidentiality Indicators: The Public Information Act allows employees, public officials, and former employees to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act.

Please indicate whether you wish to allow public release of the following information:

Social Security Number	Yes	No	Home Address	Yes	No
Emergency Contact Information	Yes	No	Home Telephone Number	Yes	No
Information that reveals whether you have family members	Yes	No			

PEAEMPL

Please complete if you have previous service with a state agency in Texas.

Prior state service may affect your eligibility for Longevity Pay, Vacation accrual rate, Optional Retirement Program, and other benefits depending upon the circumstances. List the State Agencies at which you were employed below. Include prior Texas Tech University/Texas Tech University Health Sciences Center service. Give name under which you were employed at each institution or agency if not the same as above.

Agency & Address	From Mo/Yr	To Mo/Yr	Position title	Name (if different)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PEAEMPL

I certify that the information contained on this form is true and correct to the best of my knowledge and ability.

Name _____ Date _____

Revised 9.1.2012