

- Check One:  
 Original report  
 Add or change

**Lamar State College - Port Arthur**  
*A Member of The Texas State University System*

**Employee Personal Data**

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
*Last* *First* *Middle*

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
*Month* *Day* *Year*

<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single	<b>Highest Degree</b> <input type="checkbox"/> 1 - Less than high school <input type="checkbox"/> 4 - Baccalaureate Degree <input type="checkbox"/> 7 - Special Professional (M.D., J.D., etc.) _____	<input type="checkbox"/> 2-High School/GED <input type="checkbox"/> 5-Masters Degree	<input type="checkbox"/> 3- Associate <input type="checkbox"/> 6-Doctoral
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<b>Race Code:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian, Pacific Islander  <b>Ethnicity Code:</b> Hispanic Yes <input type="checkbox"/> or No <input type="checkbox"/>	<b>*Disability</b> <input type="checkbox"/> No or Decline to Provide Information <input type="checkbox"/> Yes (If, yes give nature of impairment below)
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<b>*Veteran Status (See back of form. Check all that apply.)</b> Veteran Yes <input type="checkbox"/> Or No <input type="checkbox"/> <input type="checkbox"/> Veteran surviving spouse not remarried <input type="checkbox"/> Orphan of a veteran killed while active	<b>(*) Military Reserve</b> AR-Active Reserve IR-Inactive Reserve Subject to call up IR-Inactive Reserve	<b>Citizenship:</b> _____ <span style="margin-left: 100px;"><i>Country</i></span> <b>VISA Type:</b> _____ <i>If other than U.S.</i> <b>Expiration Date:</b> _____
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<b>Residence Address</b> Street: _____ City: _____ State: _____ ZIP: _____ Phone: ( _____ )	<b>Mailing Address</b> Street/P.O. Box _____ City: _____ State: _____ ZIP: _____ Phone: ( _____ )
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<b>In Event of Emergency Notify:</b> Relationship: _____ Address: _____ <span style="margin-left: 40px;"><i>Street, City, State, Zip</i></span> Telephone _____	Previously employed by a state agency: <input type="checkbox"/> Yes <input type="checkbox"/> No Previously employed by a college/university: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, detail dates, title, department, etc. below)</i>
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Relatives who are Lamar State College - Port Arthur employees: *If yes, give name, title, and relationship.*

Yes  
 No

House Bill 1718 gives you the right to choose whether Lamar State College - Port Arthur should allow public access to your home address, home telephone number, Social Security number, and whether you have family members. **If you do not declare this personal information as confidential, it will be open to the public.**

Yes, I want my personal information to be confidential.  
 No, I do not want my personal information to be confidential.

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, give **agency name and retirement date:** \_\_\_\_\_

Retirement Plan:  ERS  TRS  ORP

Will you be simultaneously employed at LSC-PA and another Texas state agency or university, community college, or school district?  No  Yes *If yes, give agency name:*

Are you contributing to Teacher Retirement System?  No  Yes

Items on the reverse side marked with an asterisk (\*) are necessary to facilitate the Affirmative Action Program for the Employment and Advancement in Employment of individuals with disabilities, Disabled Veterans and Veterans of the Vietnam Era. You are not obliged to respond to the asterisked items; however, your response is important to the success of our Affirmative Action Program and in meeting state reporting requirements. Any information you provide will remain confidential in accordance with applicable federal regulations. In the space following disability response please indicate nature of impairment.

You are requested to indicate the racial or ethnic group with which you choose to identify. This information will be used as statistical data for compliance with state and federal regulations and is required by the Affirmative Action Program. Your racial/ethnic identification is mandatory. Your employment will not be adversely affected by any information you furnish.

The following definitions are provided for your information and assistance in completing the Employee Personal Data form:

- **White.** (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- **Black.** (Not of Hispanic Origin) All persons having origin in any of the Black racial groups of Africa.
- **Hispanic.** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
- **Asian or Pacific Islander.** All persons having origins in any of the original peoples of the Far East, Indian Subcontinent, Southeast Asia or the Pacific Islands. These areas include, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- **American Indian or Alaskan Native.** All persons having origins in any of the original peoples of North America.
- **Veteran (Other than Vietnam).** The individual has served actively in the United States Army, Navy, Marine Corps, Air Force, or Coast Guard, in a reserve unit of one of these military components, or in the National or Air National Guard of the United States, and was discharged or released under conditions other than dishonorable.
- **Special Disabled Veteran.** The individual has a disability which entitled him/her to Veterans Administration disability compensation (1) rated at 30 percent or more, or (2) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious handicap, or (3) he/she was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.
- **Veteran of the Vietnam Era.** The individual served more than 180 days on active duty with one of the United States Armed Forces: (1) in the Republic of Vietnam between 2/28/61 and 5/7/75; (2) in all other cases, between 8/5/64 and 5/7/75; or (3) he/she met either of this preceding criteria and was discharged or released from active duty for a service-connected disability.
- **Orphan of a Veteran.** The individual is a child of a veteran killed while on active duty who had served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and is competent.
- **Surviving Spouse of a Veteran.** The individual is a surviving spouse, who has not remarried, of a veteran killed while on active duty who had served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and is competent.
- **Other Veteran Designation.** The individual has served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law and has been discharged with other than a dishonorable discharge; or has been discharged for an established service-connected disability and is competent; or has served in a campaign or an expedition for which a campaign badge, a service medal, or an expedition-army medal has been awarded. A list of campaigns and expeditions meeting this criteria is attached.
- **Individual with a Disability.** The individual chooses to be identified as an individual with a disability because he/she has a record of, or is regarded as having, a physical or mental impairment which substantially limits one or more of his/her life activities.

## Social Security Account Number: Notice to Employees

Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 552a) requires that when any Federal, State, or local government agency requests an individual to disclose his/her social security account number, that individual must also be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it.

Accordingly, employees, or applicants for employment, are advised that disclosure of an employee's social security account number (SSAN) is required as a condition for employment with Lamar State College - Port Arthur, in view of the practical administrative difficulties which would be encountered in maintaining adequate employee records without the continued use of the SSAN.

The SSAN is used to verify the identity of the employee, and as an employee account number (identifier) throughout the period of employment in order to record necessary data accurately. As an identifier, the SSAN is used in such employee activities as: determining and recording salary entitlements, payments and deductions, determining, recording, and payment of social security contributions by both employee and employing agency; determining, recording, and payment of retirement contributions by both employee and employing agency; determining and recording employee annual and sick leave accumulation and use; recording entitlement and payment for official travel and per diem; determining and recording entitlement and payment for workers' compensation; reporting earning to the Texas Employment Commission, which serves as the basis for determining any future unemployment compensation insurance benefits; recording personal data in ERS group insurance files; determining and recording service for retirement and other benefits based on length and dates of employment and other service; and such other related requirement which may arise.

Authority for requiring the disclosure of an employee's SSAN is grounded on section 7(a)(2) of the Privacy Act, which provides that an agency may continue to require disclosure of an individual's SSAN as a condition for the granting of a right, benefit, or privilege provided by law where the agency required this disclosure under state or regulation prior to January 1, 1975, in order to verify the identity of an individual.

Lamar State College - Port Arthur has consistently required the disclosure of the SSAN on employment application forms and other necessary employee forms and documents used pursuant to statutes passed by the State of Texas and United States and regulations adopted by agencies of the State of Texas and the United States.

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I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, review, and, if necessary, correct the information that Lamar State College - Port Arthur collects on me.

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*Employee signature*

*Date*

*AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER*

Revised 11/11/2008