

HUMAN RESOURCES

Bemidji State University

NEW EMPLOYEE PROFILE

Legal Name			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
SSN	Birth Date	U. S. Citizenship	Home Phone
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address			
<i>Street</i>			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	County
E-mail Address			
Ethnic Code			
<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander			
Gender	Marital Status	Veteran Status	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability Status			
Do you have a disability, as defined below, which substantially limits you from performing one of life's major activities?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
A person with a disability is one who has a physical or mental impairment, which substantially limits one or more major life activities*.			
*Major life activities are the basic activities that the average person can perform with little or no difficulty, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, reaching, and working.			
Teacher's Retirement Association			
Are you a TRA Annuitant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ON CAMPUS INFORMATION

	<i>If your position is split between two departments, list the second department information on line #2</i>
Department:	1. _____ 2. _____ <i>This should be the primary department to which you are assigned</i>
Actual Office Location:	1. _____ 2. _____ <small>(Building & Room #)</small> <small>(Building & Room #)</small>
Box #:	1. _____ 2. _____ <i>This is where your mail will be sent</i>
Office Phone:	1. _____ 2. _____

NOTICE OF INTENT TO COLLECT PRIVATE DATA FROM NEW EMPLOYEES

As a new employee, you are asked to provide to your hiring agency the private data listed below for purposes noted to share with Minnesota Management and Budget (MMB). The data collected under this notice will be used to administer your employment with the State including verifying your employment eligibility. You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, in addition to the consequences listed below, your employment may be delayed or disrupted or you may not be able to receive important information related to your employment and benefits. If you do provide the data, it will be used as described and may be shared with other state and federal entities including: State employees who perform personnel or payroll functions whose work assignments reasonably require access, the Legislative Auditor, the Attorney General, Departments of Administration, Employment and Economic Development, and Labor and Industry, law enforcement agencies with statutory authority, and any other person or entity authorized by state or federal law or court order to access the data.

Home Address and Telephone Number: You are not legally required to provide these data except as provided below (see Continuity of Operations Data). The State is legally obligated to provide your home address to the Social Security Administration, Internal Revenue Service, applicable State Department of Revenue, applicable State retirement system, and Department of Human Services. Additionally, the applicable labor organization and applicable insurance carriers may have access to this data. If you do not provide a home address, you may not receive important documents, the State cannot fulfill its legal obligations and your eligibility for employment may be affected. If you do not provide a home telephone number, your agency may not be able to contact you when necessary.

Continuity of Operations Data (Personal Home Contact Information: Personal home contact information (including home mailing address, home telephone, personal cell/pager telephone numbers, and personal email addresses) may also be used to ensure the continuity of operations in an emergency or other work disruption. (Minnesota Statutes, section 13.43, subd. 17.) This information can be shared with other Minnesota government agencies as needed to ensure the continuity of operations of this or other state agencies.

Depending on your terms of employment, providing data for continuity of operations may be voluntary or mandatory. Check with your supervisor to determine the obligations for your job description. The following describes the consequences in both instances:

Voluntary: If you are not required to provide this data and you choose to provide it, you can be contacted and participate in continuity planning and response for this agency. If you do not provide this data, your office may not be able to reach you if there are events impacting your agency's operations or the agency needs to contact you.

Mandatory: If participating in continuity planning and response is an essential aspect of your position, you are required to provide this data. If you do not provide the information needed, it will impact your continued employment with the agency due to your inability to perform all of the functions of your position.

Emergency Contact Information: Needed so that someone may be contacted if an emergency occurs and you need assistance. You are not legally required to provide this information. However, if you do not provide it, we will not be able to contact anyone in case of an emergency. Your agency and MMB staff that perform personnel and payroll functions may have access to this data.

Social Security Number (SSN): If you are a new employee, your SSN is needed for reporting earnings and taking deductions, as required by law. You are legally obligated to provide your SSN so that the State may employ you. The Immigration Reform and Control Act of 1986, 8 U.S.C. 1324a requires a SSN for completion of the Federal Employment Eligibility Verification form (I-9). The Tax Reform Act of 1976, 42 U.S.C., 405(c)(2)(c) requires the State to provide your SSN to the Social Security Administration, Internal Revenue Service, and applicable state Department of Revenue. The following also have a legal right to your SSN: applicable State retirement system (Minnesota Statutes, Chapters 352-356), Department of Human Services (Minnesota Statutes, section 256.998), Department of Employment and Economic Development (Minnesota Statutes, section 268.044), and applicable insurance carriers (Minnesota Statutes, sections 43A.23, 62J.54, and 13.05). Known consequences of refusing to provide a SSN are that you cannot begin or continue employment with the State and you may not receive benefits for which you are eligible.

Birth Date/Age: Used to ascertain your retirement status, to determine your cost for certain optional insurance coverage, to determine actuarial rates and administer equal employment/age discrimination programs and issues. It is also required for completion of the Federal Employment Eligibility Verification form (I-9). You are not legally required to provide your birth date. The Minnesota Department of Human Services, applicable insurance carriers, applicable State retirement system have a legal right to this information. Your eligibility for employment may be affected if you do not provide this data. Additionally, it would not be possible to determine your eligibility for retirement, severance pay, and certain optional insurance coverage if you do not provide this data.

Marital Status: Your marital status is needed to determine eligibility for insurance and death benefit payments. You are not legally required to provide your marital status. However, without this information, certain insurance eligibility determinations and death benefit payments may not be possible. Applicable insurance carriers and State retirement system have a right to this information. This information is not needed if your position is not eligible for insurance or retirement benefits.

Ethnic Group, Disability Status, Gender: Used to determine if the State has a diverse workforce that is representative of all Minnesotans. You are not legally required to provide these data. However, without this information, the State may not be able to effectively carry out state and federal equal opportunity and affirmative action mandates. Applicable insurance carriers and State retirement system have a legal right to obtain your gender.

Veteran Status: Article 3, section 22 of Chapter 94 from the 2009 Session Laws requires that the number of veterans in the state workforce be reported to the Minnesota Legislature on an annual basis. Used to determine if the number of state employees who are veterans is representative of the number of veterans in the Minnesota labor force. You are not legally required to provide this data. However, without this information, the State may not be able to provide accurate data to the legislature.

Medical Insurance Information: This information will be used in case of a medical emergency within your first 35 days of employment. Completing this information is optional. You are not legally required to provide this information. However, if you do not provide, we will not be able to contact applicable health and dental carriers or medical personnel if the data is not provided.

I HAVE READ THE ABOVE INFORMATION:

NAME: _____

DATE: _____