

POST-EMPLOYMENT INFORMATION FORM

CONFIDENTIAL

This information is restricted to government reports and other official use only.

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY NO. XXX-XX-_____ (Last 4 Digits) SEX: _____ DOB: _____

HIGHEST EDUCATIONAL LEVEL COMPLETED: ___ High School Only
___ AA ___ AS ___ BA ___ BS ___ MA ___ MS ___ Doctorate
Name of College _____ Date of Graduation: (MM/YY) _____

RACE: (1) _____

MARITAL STATUS: _____ Married _____ Single _____ Divorced _____ Widowed

NAME OF SPOUSE: _____

VETERAN STATUS: ___ Non-Veteran ___ Veteran ___ Vietnam Vet (2) ___ Disabled Vet (3)

MILITARY SERVICE: BRANCH _____ FROM _____ TO _____

Type of Discharge _____ Rank _____ Reserve Status _____

Receipt of Armed Forces Services Medal ___ Yes ___ No

VOLUNTEER FIREFIGHTER: ___ Non-Member ___ Active Member Since _____

Community _____

DISABILITY (voluntary, confidential information): (4) Type _____ Percent _____

Accommodations Required _____

PRIOR STATE SERVICE: Agency _____

Details _____

RETIREMENT SYSTEM:

___ I am currently a member of a retirement system (Provide name of system and registration number)

___ I would like to join a retirement system (enrollment form is required and available in Human Resources)

___ I choose NOT to enroll at this time. (MUST join if a full-time employee)

I declare, subject to the penalties for perjury, that these statements have been examined by me and to the best of my knowledge are true and correct:

Signature _____ Date _____

(See Back of Form for Footnotes)

FOOTNOTES

(1) Race

White, Non-Hispanic: Having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black, or African American: Having origins in any of the black racial groups of Africa.

Hispanic: Of Mexican, Puerto Rico, Central or South American or other Spanish culture or origin, regardless of race.

Asian: Having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent. The area includes, for example, China, Japan, Korea.

Native Hawaiian and Other Pacific Islander: Pacific Islanders having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: Having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.

(2) Vietnam Era Veteran

Active duty between 8/5/64 and 5/7/75, with other than dishonorable discharge.

(3) Disabled Veteran

Entitled to VA disability compensation for disability of 30% or more, discharged for disability incurred or aggravated in the line of duty.

(4) Disability

Anyone with (a) a physical or mental impairment substantially limiting one or more major life activity (working, walking, self-care, etc.), (b), a record of such impairment or (c) regarded as having such impairment. "Substantially limited" means likely to experience difficulty in securing, retaining or advancing in employment because of a disability.

Types:	Acoustically Impaired	Multiple Impairment
	Legally Blind	Other Impairment
	Learning Disabled	Visually Impaired (Not Legally Blind)
	Mobility Impaired	