

## HIRE NEW BENEFITS ELIGIBLE FACULTY

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*The Employee Information Form is completed by the hiring department on or before the first day of employment and forwarded to the Faculty Affairs Office. New employee sign-up for faculty will be conducted during faculty orientation or by appointment in the Department of Human Resources.*

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**NOTE: PARs must be received at least (5) working days prior to the date of hire to authorize employment and ensure timely processing of new employee sign-up.**

### INDIVIDUAL INFORMATION

1. **PAR Type:** New
2. **Department:** Department Code
3. **Effective Date:** Date of Hire
4. **EMPL ID:** EMPL ID of Prospective Employee (if known)
5. **Benefits Eligible:** Ins Elig      Eligible for Insurance only  
NonBenElig    Not eligible for Benefits

*A Personal Data Sheet is included in the New Hire Packet, which requires the prospective employee to provide the following information.*

6. **Name:** Official Name of Prospective Employee  
Format: Last,First MI
7. **Preferred Name:** Preferred Name of Prospective Employee  
Format: Last,First  
(Example: Doe,Janice prefers to be called Doe,Jane)
8. **Address:** Prospective Employee's Home Address  
**Apt/PO Box:**  
**City:**  
**County:**  
**State:** TX  
**Zip Code:**

*Employee's home address must be in the State of Texas. If employee's home address is outside the State of Texas, use employee's temporary Texas address or university address and enter employee's home address in Mailing Address.*

9. **Mailing Address:** Prospective Employee's Mailing Address  
**Apt/PO Box:** (If home is outside the State of Texas)  
**City:**  
**State:**  
**Zip Code:**

EMPLOYEE INFORMATION FORM  
*Benefits-Eligible Faculty*

10. **Highest Ed Level:** B Less than HS Graduate  
C HS Graduate or Equivalent  
D Some College  
E Technical School  
F 2 Year College Degree  
G Bachelor's Degree  
H Some Graduate School  
I Master's Degree  
J Academic Doctorate (PhD)  
K Professional Doctorate (MD, DDS, JD)  
L Post Doctorate  
M First Professional  
N Post Master's  
O Specialist
11. **Public Access:** Yes Release Data  
No Do Not Release Data
12. **Home Phone:** Home Phone Number
13. **Gender:** Female  
Male
14. **Disabled:** No No/None Disclosed  
Yes Yes, has physical or mental impairment that substantially limits one or more major life activities
15. **Marital Status:** Divorced  
Married  
Separated  
Single  
Widowed
16. **Birthdate:** Prospective Employee's Birthdate  
Format: MM/DD/YEAR
17. **Citizenship:** Alien Perm Lawful Permanent Resident  
Alien Temp Alien with Temporary Work Authorization  
Native Citizen of the United States  
Naturalizd Naturalized Citizen of the United States
- Citizenship status is verified on the Employee Eligibility and Work Authorization Form (I-9).*
18. **Ethnic Group:** Asian Asian/Pacific Islander  
Black Black  
Hispanic Hispanic  
Am. Indian Native American/Alaskan Native  
White White
19. **Military Service:** Not Indicated  
*Military Service status is not required for non-benefits-eligible employees.*
20. **NID/SSN:** Prospective Employee's Social Security Number

EMPLOYEE INFORMATION FORM  
*Benefits-Eligible Faculty*

**WORK AUTHORIZATION ELIGIBILITY**

21. I-9 Eligibility: Check Box to confirm that the I-9 is completed  
22. I-9 Date: Enter Date I-9 Completed

**INTERNATIONAL EMPLOYEES ONLY**

*This section is only completed for resident and non-resident aliens authorized to work in the United States.*

**NON-RESIDENT ALIENS ONLY**

23. Country Code: Prospective Employee's Citizenship Country  
(See Country Code Value Table)  
24. Passport #: Foreign Passport #  
25. Exp Date: Foreign Passport Expiration Date

**RESIDENT AND NON-RESIDENT ALIENS**

26. Visa Code: F1 Student Visa  
H1B Temporary Employment Visa  
J1 Exchange Student/Professional/  
Research Scholar  
O-1 Worker with Extraordinary Ability  
TN Professional under NAFTA  
551 I-551 (Green Card)  
S Employment Authorization Document  
27. Visa #: Admission # or Alien Registration #  
28. Exp Date: Visa or Work Authorization Expiration Date

**SELECTIVE SERVICE**

*This section is only completed for males, ages 18 -- 25 who are not non-resident aliens authorized to work in the United States.*

29. Applicable: Check Box  
30. Eff Date: Prospective Employee's Date of Registration with  
Selective Service  
31. Selective Service ID: Prospective Employee's Selective Service #  
32. Remarks: Provide additional information as necessary.

**ATTACHMENTS:**

COMPLETED NON-BENEFITS-ELIGIBLE NEW HIRE PACKET

**REQUIRED SIGNATURES**

33. Approvals Required: Preparer  
Department Business Administrator