

Office of Human Resources

New **Revised**

Your name as it should appear in the OSU directory:

_____ * _____
 Last Name First Name MI (optional) Social Security Number

* If you have applied for an original social security number or replacement card, attach a COPY of the RECEIPT from the Social Security Administration Office. Existing employees may enter their University ID in this field if desired.

Your name as it appears on your social security card:

_____ _____ _____
 Last Name First Name Middle Name

Current Mailing Address and Telephone:

Street or P.O. Box

_____ _____ _____ _____ _____
 City State Zip Code Area Code and Telephone Number Nation (if outside USA)

Date of Birth: _____ Gender: Female Male
 Mo Day Year

Citizenship: U.S. Citizen Resident Alien _____ Non-Resident Alien
 Alien Registration Number (Attached completed CO-NRA form)

If you have a previous association with OSU or the Oregon University System (OUS), what are any names, IDs, and dates that relate to it?

Name(s)	ID(s)	Date(s)
_____	_____	_____
_____	_____	_____

Retirement Plan Participants: Are you a past or current member of the Oregon Public Employees Retirement System (PERS), or the Oregon University System Optional Retirement Plan (ORP)? No Yes, PERS Yes, ORP

Returning Retirees: A returning retiree is a person who has taken a retirement pension distribution from either the Oregon Public Employees Retirement System (PERS), or the Oregon University System Optional Retirement Plan (ORP). Have you received, or are you receiving retirement pension payments from PERS or the ORP? No Yes, PERS Yes, ORP

Student Status (if currently enrolled or enrolling next term; choose one student type)

Institution Name _____ Current Term _____ Credit Hours _____

Undergraduate Graduate Post Baccalaureate CAP/ELI Provisionally Admitted Special Grad

Degree Information (Required for all unclassified/faculty appointments; enter baccalaureate degree and above.)

Highest Degree	Degree	Degree
_____	_____	_____
Institution _____	Institution _____	Institution _____
City/State _____	City/State _____	City/State _____
Country (If Foreign) _____	Country (If Foreign) _____	Country (If Foreign) _____
Degree Date _____	Degree Date _____	Degree Date _____

Signature

I certify that I personally completed this form and that all information contained herein is true, correct, and complete to the best of my knowledge.

Employee Signature _____

Date _____

Please Print

Last Name	First Name	MI	ID or SSN
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Technology Transfer Agreement: I hereby acknowledge that the Oregon State Board of Higher Education (OSBHE) requires me, as a condition of my employment, to assign to OSBHE rights to any invention or improvement in technology, computer software, tangible research property, and trademarks (Intellectual Property) conceived, invented, or reduced to practice by me, either solely or jointly with others, developed using university facilities, personnel, information or other university resources. I understand that additional information can be obtained through the Office of Technology Transfer, 308 Kerr Administration Building, (541) 737-0674.

I certify that I have read, understand and agree to the Technology Transfer Agreement as stated above.

Employee Signature _____ Date _____

Employment Application Agreement: I certify and affirm that I personally completed and submitted any and all required employment application materials provided to the University, whether submitted as written materials or through the University's online recruitment system (even if I requested that it be completed on my behalf). I further certify that all statements and information contained in this material are true and complete to the best of my knowledge.

I understand that any false, fraudulent, or misleading oral or written statement contained in my employment application or made in the course of any related employment process, whether made by me or by others at my request, may result in rejection of my application, denial of employment, dismissal from service if discovered after employment and/or prosecution for a crime.

Employee Signature _____ Date _____

Use of an Employee's Social Security Number (SSN): All access and use at Oregon State University of the social security number is prohibited except for meeting federal or state requirements, compliance and reporting.

As an employee, Oregon State University will use your social security number as authorized under the Privacy Act of 1974 (10 USC Chapter 55) and OAR 580-021-0044. These uses include:

(A) Use and disclosure for certain program purposes, including disclosure to the Internal Revenue Service, the Social Security Administration, the Federal Parent Locator Service, the Department of Veteran's Affairs, the Bureau of Citizenship and Immigration Services, Aid to Families with Dependent Children, Medicare and Medicaid, Unemployment Insurance, Workers Compensation, and, in appropriate cases, epidemiological research.

(B) Administration and accounting purposes including the payment of state, federal and local payroll taxes; withholdings for FUTA and FICA; calculation and applicable reporting of pre-tax salary deductions for benefits including, but not limited to, IRC 117 and IRC 127 scholarship and educational assistance programs; IRC 457 deferred compensation and IRC 403(b) tax-sheltered annuity plans; IRC 401(a) retirement plans; IRC 132 pre-tax parking and transit plans, IRC 125 flexible spending account or cafeteria plans; or IRC 105 or 106 health reimbursement arrangements.

(C) To the extent required by federal law, an employee's social security number may be provided to a foreign, federal, state, or local law enforcement agency for investigation of a violation or potential violation of a law for which that entity has jurisdiction for investigation or prosecution.

I certify that I have read the paragraphs regarding use of an employee's social security number.

Employee Signature _____ Date _____

Please Print

Last Name	First Name	MI	ID or SSN
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<p style="text-align: center;">Ethnicity</p> <p><input type="checkbox"/> Asian, Asian American, Pacific Islander</p> <p><input type="checkbox"/> Black, African American, Non-Hispanic</p> <p><input type="checkbox"/> Hispanic, Hispanic American, Latino</p> <p><input type="checkbox"/> American Indian, Alaskan Native</p> <p><input type="checkbox"/> White, Non-Hispanic</p>	<p style="text-align: center;">Information Concerning Disabilities</p> <p><input type="checkbox"/> Disability</p> <p>If you have a disability, you may indicate so on this form by checking the box provided above. Your disclosure is voluntary and will be kept confidential. Refusal to disclose a disability or provide information will not subject you to any adverse treatment, and any information provided will be used only for affirmative action record keeping purposes.</p> <p>If you think you will need a reasonable accommodation to perform essential job functions, you should inform your department that an accommodation will be needed.</p>
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Veteran Status (Veterans, please check one of these three options):

Vietnam Era
Served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or between August 5, 1964 and May 7, 1975 in any other location; or who was discharged or released from active duty for a service connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or between August 5, 1964 and May 7, 1975, in any other location.

Other Veteran
Active duty service at any point between December 7, 1941 and April 28, 1952; or a veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. A veteran qualifies under this criterion ONLY based upon military service IN the identified campaign or expedition and NOT simply based on any military service during the time of the campaign or expedition. The campaign badges, service medals, and expeditionary medals that qualify under this criterion are listed on the veteran's "Armed Forces of the U.S. Report of Transfer or Discharge," commonly known as the "DD-214 Form," if the veteran meets this criterion.

Both Vietnam Era and Other Veteran

In addition, check these boxes if they apply to you:

Newly Separated Veteran
One year or less since you were discharged or released from active duty.

Special Disabled Veteran
A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C. to have a serious employment handicap; or a veteran who was discharged or released from active duty because of a service-connected disability.

I certify that I have personally completed this form and that all the information contained herein is correct and complete to the best of my knowledge.

Employee Signature _____

Date _____