

# Employee New Hire Form

(Please print form single sided)



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred First Name (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## SECTION 1: DEMOGRAPHIC INFORMATION

Submission of personal demographic information is voluntary. Refusal will not subject you to any adverse treatment. See attached for category definitions.

### Ethnicity

Are you Hispanic or Latino? Yes No

If you have identified yourself as Hispanic or Latino, you are not required to select an additional race category below.

### Race

Select one or more races to indicate what you consider yourself to be.

- Asian
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- White

### Gender

Male

Female

### Veterans' Classification

Not a Veteran

Not a Protected Veteran

Protected Veteran

*Optional Classification:*

Disabled Veteran

Armed Forces Service Medal Veteran

Active-Duty Wartime/Campaign Badge Veteran

Recently Separated Veteran (within 36 months from discharge)

Date of Separation: \_\_\_\_\_

### Marital Status

Single

Married

## SECTION 2: PREVIOUS STATE EMPLOYMENT/RETIREMENT

1. Are you a retiree of the State of Florida? Yes No  
a. If yes, indicate date of retirement: \_\_\_\_\_
2. Are you participating in the State of Florida's DROP Retirement Program? Yes No  
a. If yes, indicate DROP start and end dates: \_\_\_\_\_
3. Are you currently employed by another Florida State agency? Yes No  
a. If yes, name of agency: \_\_\_\_\_
4. Have you been employed by another Florida State agency in the last 12 months? Yes No  
a. If yes, name of agency: \_\_\_\_\_

If you responded "yes" to any of the above questions, please contact the Benefits Team in Human Resources at 850-474-2694.

## SECTION 3: EMERGENCY CONTACT

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION 4: DEGREE INFORMATION

Highest Degree Earned: \_\_\_\_\_ Date Earned: \_\_\_\_\_

Institution: \_\_\_\_\_

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## SECTION 5: STUDENT EMPLOYMENT

If accepting a student appointment, I acknowledge that my primary endeavors at UWF are to pursue an education, that my purpose in being employed is to support my pursuit of education, and that I am not employed by another Florida State agency in any capacity. I further understand that:

- If I withdraw from classes, I must immediately notify my hiring department and will be ineligible to continue working as a student employee at UWF,
- If hired as non-UWF student, I must provide proof of enrollment and fee payment from the institution I am attending at the time of hiring and each semester that I am employed at UWF, but not enrolled at UWF.

## SECTION 6: EMPLOYEE ACKNOWLEDGMENT

A background screening must be completed on all University Work Force, Faculty, and Other Personal Services (OPS) employees (including applicable student employees) prior to an offer of employment. The Employment Section in Human Resources administers the background screening program.

All employees are strongly encouraged to attend a New Employee Orientation session. Valuable information regarding available insurances and deadlines for enrollment is presented at the session.

The University of West Florida's Employment Policies are available at the following locations/offices: Human Resources' web site <http://uwf.edu/offices/human-resources> and HR Staff.

The UWF New Employee Acknowledgments are located at <https://uwf.edu/offices/human-resources/hr-forms-and-resources/employee-acknowledgments/> and include:

- Benefits and Services Offered
- Computer Security Guidelines
- Detection, Reporting, and Investigating Fraud and Misconduct Policy
- Drug Free Campus Brochure
- Drug Free Workplace/Drug Free Schools Policy Statement
- HIV Aids Brochure
- New Employee Orientation Schedule
- Prohibition of Discrimination, Harassment and Retaliation Policy
- Sexual Harassment and Misconduct Policy
- Statement on the Collection and Use of Social Security Numbers
- Tax Deferred Annuity Contacts
- UWF Smoke, Vapor, and Tobacco Free Campus Policy
- Voluntary Self-Identification of Disability

I acknowledge that it is my responsibility to read and follow these policies and documents and adhere to the University's Employment Policies, which govern my employment and work standards.

## SIGNATURE REQUIRED

\_\_\_\_\_  
New Employee Signature

\_\_\_\_\_  
Date

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## ETHNICITY/RACE CATEGORIES

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American** - A person having origins in any of the Black racial groups of Africa - includes Caribbean Islanders and other of African origin.
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## VETERAN CATEGORIES

- **Disabled Veteran** - (1) A veteran of the U.S. military, ground, naval or air service 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 Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
- **Armed Forces Service Medal Veteran** - Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p.159).
- **Active-Duty Wartime/Campaign Badge Veteran** - A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Recently Separated Veteran** - A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.