



For HR Office Use Only:

Banner ID # \_\_\_\_\_

Position # \_\_\_\_\_

## Louisiana Community & Technical College System Office Employee Data Form

SSN: \_\_\_\_\_ Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Email Address: \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Sex:  Male  Female Ethnicity:  Hispanic or Latino  Non-Hispanic or Latino

Race:  American Indian  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White

More than one race (check all that apply)

### International Information – (U.S. Citizens can skip this section.)

Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Visa Status (Please Check One):  Permanent Resident  F-1 Student  F-1 Student (Prac. Training)

F-2 Spouse of F-1  J-1 Student  J-1 Student (Acad. Training)

J-2 Spouse of J-1  Other J-1 Visitor Category (Specify) \_\_\_\_\_

H-1 Distinguished Worker  Other Classification (Specify) \_\_\_\_\_

Visa Expiration Date: \_\_\_\_\_

**Education Information**

High School Graduate?  Yes  No Highest Grade Completed \_\_\_\_\_

Current College Classification?  Freshman  Sophomore  Junior  Senior  Grad Student

College/University Graduate  Yes  No

College/University Attended	Degree	Major	Date Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*\*Proof of college degree required.*

**Emergency Contact**

_____	_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone	Work Phone

**Confidentiality of Home Address & Phone Number**

Section 1 of Louisiana Revised Statute 44:11 allows the personnel records of a public employee or any public body to be confidential. Please indicate below if you wish your home address and telephone number to be confidential.

\_\_\_\_\_ Yes I want my home telephone number to be regarded as confidential in accordance with R.S. 44:11.

\_\_\_\_\_ No

\_\_\_\_\_ Yes I want my home address to be regarded as confidential in accordance with R.S. 44:11.

\_\_\_\_\_ No

*\*Failure to complete this election will result in this information being confidential.*

**Appointment Affidavit**

The following oath must be completed by all State Employees to comply with Louisiana Revised Statute 42:54:

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support the Constitution and Laws of the United States and the Constitution and was of this State; and I will faithfully and impartially discharge and perform all the duties incumbent upon me as a state employee to the best of my ability and understanding.

\_\_\_\_\_  
Signature Date

**Medicare Tax Exemption**

Effective 4/1/1986, all new State employees will be subject to pay 1.45% of their gross salary for the Medicare tax. This will be in addition to their other deductions such as retirement and federal and state taxes. According to the Social Security Division of the La. Department of Treasury, if retirement resulted in a break in service, a rehired retiree must pay Medicare. Civil Service defines a break in service at any time in which a break of one or more working days occur between the move from one position in state service to another (all state agencies are considered to be one employer – the State of Louisiana).

I have read the information above and understand that since:

- \_\_\_\_\_ I have been continuously employed in State government since prior to 4/1/1986, and **have not** elected to pay Medicare through a referendum, I **am not required** to pay this tax.
- \_\_\_\_\_ I have continuously been employed in State government since prior to 4/1/1986 and **have** elected to pay Medicare through a referendum, I **am required** to pay this tax.
- \_\_\_\_\_ I have not been continuously employed in State government since 4/1/1986, I **am required** to pay this tax.

\_\_\_\_\_  
Signature Date

**Previous LCTCS & State Service**

1) Have you ever been employed by the Louisiana Community & Technical College System or one of its colleges?

\_\_\_ Yes \_\_\_\_\_  No  
College/Campus Position Begin Date End Date

2) Are you related to anyone currently working at LCTCS or at any of its colleges? \_\_\_ Yes \_\_\_ No  
If yes, provide name, relationship and college.

\_\_\_\_\_  
Name Relationship College

**Previous LCTCS & State Service Contd.**

3) Do you have prior service with the State of Louisiana?

___ Yes	_____	_____	_____	_____	<input type="checkbox"/> No
	Agency	Position	Begin Date	End Date	
___ Yes	_____	_____	_____	_____	<input type="checkbox"/> No
	Agency	Position	Begin Date	End Date	
___ Yes	_____	_____	_____	_____	<input type="checkbox"/> No
	Agency	Position	Begin Date	End Date	

4) Are you a member of any State retirement system \_\_\_ Yes \_\_\_ No

5) Have you ever contributed to a State retirement system? \_\_\_ Yes \_\_\_ No

If you are/were a member of a retirement system, are vested with TRSL or LASERS, or if you are a re-employed retiree, please check the applicable one(s).

\_\_\_ LASERS (Louisiana State Employees' Retirement System)  
\_\_\_ TRSL (Teachers' Retirement System of Louisiana)  
    Teachers' Retirement ORP (select one): \_\_\_ Valic \_\_\_ Voya \_\_\_ TIAA-CREF  
\_\_\_ LSERS (Louisiana School Employees' Retirement System)  
\_\_\_ Other - Specify: \_\_\_\_\_

6) If retired from a State retirement system, indicate plan \_\_\_\_\_  
Did you participate in the Deferred Retirement Option Plan (DROP)? \_\_\_ Yes \_\_\_ No

**Military Status**

\_\_\_ Not a Veteran    \_\_\_ Active Duty/Reserves  
Are you registered with Selective Service? \_\_\_ Yes \_\_\_ No

**Licenses & Professional Organizations**

Are you a member of any professional organization or society, or hold any licenses, in any area?

Organization	License Number	State	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional Information**

The following information is voluntary, but it will assist us in providing for your specific worksite needs.

Do you have any disabilities?    \_\_\_\_ Yes    \_\_\_\_ No

If yes, please indicate the nature of the disability and any suggested accommodations which you feel would assist you in carrying out your job duties.

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**EMPLOYEE ACKNOWLEDGEMENT**

I acknowledge that statements made by me in this document are true and correct and that I have not misrepresented or withheld any information.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The Louisiana Community and Technical College System is committed to diversity and is an equal opportunity/equal access employer.*