

# AUTHORIZATION FOR EMPLOYMENT

**PLEASE PRINT - Form must be completed by all part-time and temporary bi-weekly employees.**

- NEW
- CONTINUED
- HR Approval

**Please Print**

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

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address (*if different*) \_\_\_\_\_

\_\_\_\_\_

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

<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married
---------------	-------------------------------	---------------------------------	-----------------------	---------------------------------	----------------------------------

Highest Education Level \_\_\_\_\_

College or University \_\_\_\_\_

**Ethnic Group**

- American Indian/Alaskan Native
- Asian/Pacific Islander
- White
- African American
- Hispanic
- Other \_\_\_\_\_

**Military Status**

- Active Reserve
- Inactive Reserve
- Vietnam Era Veteran
- Retired Veteran
- Other Veteran
- Vietnam Veteran
- No Military Service

**Citizenship Status:**

US Citizen \_\_\_\_\_ Permanent Resident Alien \_\_\_\_\_ Alien Authorized to Work \_\_\_\_\_

Are you a full time student at FSC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other state agency full time employee or retiree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FSC full time employee or retiree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**REQUIRED SIGNATURES:**

Employee:	Date:
Supervisor:	Date
(Please print Supervisor's name here)	
Payroll Director:	Date

Have you ever held another position for FSC or the Commonwealth?

Yes \_\_\_\_ No \_\_\_\_

If yes, please specify:

Agency \_\_\_\_\_ Dates: \_\_\_\_\_

**Emergency Contact:**

**Primary Contact Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

**Position Information – To be completed by Supervisors**

**Title of Position:** \_\_\_\_\_

**Description of Duties:** \_\_\_\_\_

(Description may be attached)

**# Teaching Credits:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Beg. Date:** \_\_\_\_\_ **Expected End Date:** \_\_\_\_\_

**Maximum hours of work per week :** \_\_\_\_\_

**Rate of pay:** \_\_\_\_\_ **hourly/ weekly/ salary**

**Not to exceed** \_\_\_\_\_

**FOAPAL ( BANNER ACCOUNT NUMBER)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For APA and AFSCME Members:

I certify that I am not being paid by any other source while providing services associated with this contract.

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