



NOTICE OF INTENT TO COLLECT PRIVATE DATA FROM NEW EMPLOYEES

As a new employee, you are asked to provide to your hiring agency the private data listed below for purposes noted to share with Minnesota Management and Budget (MMB). The data collected under this notice will be used to administer your employment with the State including verifying your employment eligibility. You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, in addition to the consequences listed below, your employment may be delayed or disrupted or you may not be able to receive important information related to your employment and benefits. If you do provide the data, it will be used as described and may be shared with other state and federal entities including: State employees who perform personnel or payroll functions whose work assignments reasonably require access, the Legislative Auditor, the Attorney General, Departments of Administration, Employment and Economic Development, and Labor and Industry, law enforcement agencies with statutory authority, and any other person or entity authorized by state or federal law or court order to access the data.

Home Address and Telephone Number: You are not legally required to provide these data except as provided below (see Continuity of Operations Data). The State is legally obligated to provide your home address to the Social Security Administration, Internal Revenue Service, applicable State Department of Revenue, applicable State retirement system, and Department of Human Services. Additionally, the applicable labor organization and applicable insurance carriers may have access to this data. If you do not provide a home address, you may not receive important documents, the State cannot fulfill its legal obligations and your eligibility for employment may be affected. If you do not provide a home telephone number, your agency may not be able to contact you when necessary.

Continuity of Operations Data (Personal Home Contact Information): Personal home contact information (including home mailing address, home telephone, personal cell/pager telephone numbers, and personal email addresses) may also be used to ensure the continuity of operations in an emergency or other work disruption. (Minnesota Statutes, section 13.43, subd. 17.) This information can be shared with other Minnesota government agencies as needed to ensure the continuity of operations of this or other state agencies.

Depending on your terms of employment, providing data for continuity of operations may be voluntary or mandatory. Check with your supervisor to determine the obligations for your job description. The following describes the consequences in both instances:

Voluntary: If you are not required to provide this data and you choose to provide it, you can be contacted and participate in continuity planning and response for this agency. If you do not provide this data, your office may not be able to reach you if there are events impacting your agency's operations or the agency needs to contact you.

Mandatory: If participating in continuity planning and response is an essential aspect of your position, you are required to provide this data. If you do not provide the information needed, it will impact your continued employment with the agency due to your inability to perform all of the functions of your position.

Emergency Contact Information: Needed so that someone may be contacted if an emergency occurs and you need assistance. You are not legally required to provide this information. However, if you do not provide it, we will not be able to contact anyone in case of an emergency. Your agency and MMB staff that perform personnel and payroll functions may have access to this data.

Social Security Number (SSN): If you are a new employee, your SSN is needed for reporting earnings and taking deductions, as required by law. You are legally obligated to provide your SSN so that the State may employ you. The Immigration Reform and Control Act of 1986, 8 U.S.C. 1324a requires a SSN for completion of the Federal Employment Eligibility Verification form (I-9). The Tax Reform Act of 1976, 42 U.S.C., 405(c)(2)(c) requires the State to provide your SSN to the Social Security Administration, Internal Revenue Service, and applicable state Department of Revenue. The following also have a legal right to your SSN: applicable State retirement system (Minnesota Statutes, Chapters 352-356), Department of Human Services (Minnesota Statutes, section 256.998), Department of Employment and Economic Development Services (Minnesota Statutes, section 268.044), and applicable insurance carriers (Minnesota Statutes, sections 43A.23, 62J.54, and 13.05). Known consequences of refusing to provide a SSN are that you cannot begin or continue employment with the State and you may not receive benefits for which you are eligible.

Birth Date/Age: Used to ascertain your retirement status, to determine your cost for certain optional insurance coverage, to determine actuarial rates and administer equal employment/age discrimination programs and issues. It is also required for completion of the Federal Employment Eligibility Verification form (I-9). You are not legally required to provide your birth date. The Minnesota Department of Human Services, applicable insurance carriers, applicable State retirement system have a legal right to this information. Your eligibility for employment may be affected if you do not provide this data. Additionally, it would not be possible to determine your eligibility for retirement, severance pay, and certain optional insurance coverage if you do not provide this data.

Marital Status: Your marital status is needed to determine eligibility for insurance and death benefit payments. You are not legally required to provide your marital status. However, without this information, certain insurance eligibility determinations and death benefit payments may not be possible. Applicable insurance carriers and State retirement system have a right to this information. This information is not needed if your position is not eligible for insurance or retirement benefits.

Ethnic Group, Disability Status, Gender: Used to determine if the State has a diverse workforce that is representative of all Minnesotans. You are not legally required to provide these data. However, without this information, the State may not be able to effectively carry out state and federal equal opportunity and affirmative action mandates. Applicable insurance carriers and State retirement system have a legal right to obtain your gender.

Veteran Status: Article 3, section 22 of Chapter 94 from the 2009 Session Laws requires that the number of veterans in the state workforce be reported to the Minnesota Legislature on an annual basis. Used to determine if the number of state employees who are veterans is representative of the number of veterans in the Minnesota labor force. You are not legally required to provide this data. However, without this information, the State may not be able to provide accurate data to the legislature.

I HAVE READ THE ABOVE INFORMATION:

Name: _____

Date: _____

NEW EMPLOYEE DATA SHEET

Legal Name _____

Address _____

First
Middle
Last

City
State
Zip

Residential County _____ Home Telephone Number _____

Social Security Number _____ Date of Birth _____

Gender Male Female

Marital Status Married Single Divorced Widowed Separated

Race and Ethnic Background

Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)? Yes No

Select one or more:

American Indian or Alaska Native - A person having origins in any of the original peoples of North, Central or South American and who maintains 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

Black or African American – A person having origins in any of the black racial groups of Africa

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

Unknown

If you have selected more than one race and ethnic background above, please state which you wish to identify as primary:

U. S. Citizen Yes No

If non-citizen, are you classified as a resident or non-resident alien? _____

Have you previously been or are you currently employed by the State of Minnesota? (Does not include the University of Minnesota) Yes No If yes, please indicate which agency or agencies and dates of employment _____

Have you ever been or are you currently covered by a public employer retirement plan?

No If yes, please check or list: IRAP MSRS PERA TRA Other _____

Have you ever received an early separation incentive from State of Minnesota employment whether under Minnesota State Colleges and Universities policy, employment bargaining agreement provision, or state of Minnesota policy? Yes No

You will be given an email address at SMSU. The format is firstname.lastname@smsu.edu Example: Michael.Smith@smsu.edu or Mike.Smith@smsu.edu. What would you like your email address to be?

Veteran Status

Minnesota State Colleges and Universities is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “disabled veteran” is one of the following:
 - 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
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any 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.
- An “active duty wartime or campaign badge veteran” means 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.
- An “Armed forces service medal veteran” means a 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](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veteran listed above.

I am not a protected veteran.

Emergency Contact Information:

	Contact No. 1	Contact No. 2
Name:	_____	_____
Address:	_____	_____
	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____
Cell Phone:	_____	_____
Relationship:	_____	_____

I hereby declare the information provided on this form is true and accurate to the best of my knowledge.

Employee Signature

Date

Please return completed form to Human Resource Office, BA269. Call 507/537-6208 if you have questions.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.