

New Faculty Personnel Form

The information on this form is requested by MSU Human Resources. All information contained herein is confidential. Thank you for your assistance.

Please return this completed form to: _____ at _____@msu.edu

First Name: _____ Date of Birth: _____

Middle Name: _____ Gender: _____

Last Name: _____ Zpid/Apid: _____

Social Security Number: call 517 _____ with this info _____ If no SSN, have you applied for one?
Yes No

Citizenship

Date of Application: _____

United States Citizen

Other

If not U.S. Citizen, please select one below:

Non-Citizen National of the United States

Permanent Resident: Country of Citizenship: _____

Non-Resident Alien: Country of Citizenship: _____

If not U.S. Citizen, visa type: _____

If you hold an F-1 Visa, do you have:

CPT Authorization

OPT Authorization

Disability Status

Are you disabled? Yes No Do not wish to answer

Veteran Status (check all that apply)

Not a protected veteran

Disabled Veteran

Prefer not to answer

Active Duty Wartime or Campaign

Protected veteran

Badge Veteran

Recently separated veteran

Armed Forces Service Medal
Veteran

Race Selection (check all that apply)

Ethnicity Selection (check one)

American Indian or Alaska Native

Of Hispanic origin

Asian

Not of Hispanic origin

Black or African American

Native Hawaiian or Other Pacific Islander

White

Semester(s) you will be teaching: _____

Course(s) you will be teaching: _____

Do you have a relative working in the same department at MSU?

Yes No

If yes, name of relative: _____

If yes, will this person be supervising you? Yes No

Education

Highest degree received: _____ Graduation date of degree: _____

School from which degree was attained: _____

Major/Area(s) of study: _____

Contact Information

Address: _____ City: _____ State: _____

Zip Code: _____ Phone number: _____

Emergency Contact in the United States

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone number: _____

Please start the I-9 process by using this link: <http://www.newi9.com>

The employer code is 16628
The location code is _____
Continue to complete the form by filling out the necessary
information Your employment date is _____

After completing the I-9 form online, the website will indicate which original documentation will need to be verified by the Department. These documents will need to be verified before your date of employment.

You may also receive an email from our third-party background verification company, HireRight, regarding your background check authorization. Please respond to this email as soon as possible so your educational and/or criminal background check can be completed in a timely manner.

FOR OFFICE USE ONLY

HireRight

Date sent to applicant: _____ Date completed: _____

I-9

Date sent to applicant: _____ Date completed: _____

Employment percentage: _____

If on F-1 visa and over 50% does applicant have permission to work over 20 hr/week?
Yes No

Date offer letter and FT memo sent to applicant: _____ Date returned: _____