BALL STATE UNIVERSITY CASUAL EMPLOYEE DATA SHEET

University Human Resource Services

TO BE COMPLETED BY THE DEPARTMENT				
Date: Originating Department:	FOAPAL:			
Event:	Position Title(s):			
Briefly describe the duties to be performed:	Employment Period(s): Ex.) Camp I & III; 2-week workshop dates mm/dd/yy - mm/dd/yy; start date: mm/dd/yy - end date: mm/dd/yy or project completion			
Badge Number:	E-CLASS Wage Terms: State exact hourly rate, daily rate, or weekly rate.			
PLEASE PRINT OR TYPE TO BE COMPLETED BY THE EMPLOYEE				
Name:	S.S. No.:			
Home Phone: ()	Date of Birth:			
Have you ever been employed by Ball State? If yes, please complete: Yes No	Do you have any relatives already employed by Ball State? Yes No			
Last job title:	If yes, list their name(s) and relationship(s):			
Year employed:	Name:			
Have you ever been convicted of a felony? If yes, please explain:	Relationship:			
(Conviction of a felony does not necessarily disqualify you from employment.)	Relationship:			
Please complete the following information related to gender, ethnicity and race.	CITIZENSHIP			
Gender: □ Male □ Female	(Circle one)			
Ethnicity: Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)? Please check one of the following responses: No	Non-citizen Permanent Resident Citizen HOME ADDRESS			
Race: Please indicate if you are from one or more of the following races. Please	Address:			
check <u>all</u> that apply. ☐ 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	City State Zip			
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, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	EMERGENCY CONTACT INFORMATION Name:			
☐ Black or African American – A person having origins in any of the black racial groups of Africa.	Last First MI Address:			
☐ Native Hawaiian or other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	Street Apt # / PO Box			
☐ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	City State Zip Relationship:			
□ Race unknown.	Phone: ()			
☐ Hispanic —This box will be checked if you selected "YES" to the ethnicity question.				

AGREEMENT

I hereby certify that the facts in this employment Employee Data Sheet are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this Application may result in my immediate dismissal. In addition, in connection with this Employee Data Sheet, I authorize all corporations, companies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to Ball State University or its agents, and I release them from any liability or responsibility for doing so.

In consideration of my employment, I agree to conform to the rules and regulations of Ball State University. I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the University or myself. I understand that no employee of Ball State University, other than the President or vice presidents of the University, have any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Signature:	Date:
oignature.	Date

Forward original and attachments to University Human Resource Services. Additional copies may be made as desired.

FOR DEPARTMENTAL USE ONLY FOR UNIVERSITY HUMAN RESOURCE SERVICES USE O		RVICES USE ONLY	
Check List: (Attach the following documents)	Date Received:	HR Rep:	Requisition No.:
Federal Tax Form Indiana Tax Form I-9			