

## **Post-Doc, Post-Doc Trainee & Instructor**

### **NEW-HIRE DOCUMENTS:**

- **Emergency Contact Information Form**
  - **New Employee Disclosure Form**
  - **Release of Reference Form**
- **Request for Verification of Prior State Service Form**
- **Selective Service Registration Verification Form**

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Signature

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Date

**OFFICE OF HUMAN RESOURCES**

**EMERGENCY CONTACT INFORMATION**

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Employee Name (Last Name, First Name, Middle Name)

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Emergency Contact Name

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Relationship

---

Telephone Number

---

Alternate Telephone Number

---

Emergency Contact Name

---

Relationship

---

Telephone Number

---

Alternate Telephone Number

---

Employee Signature

---

Date

**OFFICE OF HUMAN RESOURCES**

**NEW EMPLOYEE DISCLOSURE FORM**

**Section I – Personal Data**

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Social Security Number \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

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Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Area Code) Telephone # \_\_\_\_\_

**Section II – Affirmative Action/Equal Opportunity Information**

**Gender:**  Female  Male

**Citizenship Status:**  Native Citizen  Naturalized Citizen  Green Card  Non-Immigrant  Other

If "Other" please explain: \_\_\_\_\_

**Marital Status:**  Married  Single  Divorced  Separated  Widowed

If Applicable:  
Maiden Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

**Race/Ethnic Identification:**  African American  American Indian or Alaskan Native  Hispanic  
 Asian or Pacific Islander  Caucasian

**Military Status:**  Not Applicable  Veteran  Vietnam Era Veteran  Disabled Veteran

If Applicable:  
Military Branch \_\_\_\_\_ Rank \_\_\_\_\_

Current Status:  Active  Inactive  Reserves

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

**OFFICE OF HUMAN RESOURCES**

**RELEASE OF REFERENCE FORM**

Are you legally eligible for employment in the United States without any restrictions?

- Yes       No

NOTE: The Immigration Reform & Control Act of 1986 requires that we verify identity and employability of anyone hired on or after 11/06/1986.

Are you related by blood or marriage to anyone now employed at UT Southwestern or in the UT system?

- Yes       No

If "Yes", please provide the following:

a. Name \_\_\_\_\_

b. Which UT Component \_\_\_\_\_

c. Relationship to you \_\_\_\_\_

**PLEASE READ CAREFULLY:**

I acknowledge the answers and all other information otherwise given by me related to my request for employment at UT Southwestern Medical Center is true, complete, correct and not otherwise misleading. I understand that any false, incomplete, or incorrect statements furnished by me can result in termination of my employment if I am employed. In the event I am employed at UT Southwestern Medical Center, I agree to comply with all applicable rules, regulations and/or policies. I understand that either I or UT Southwestern Medical Center may discontinue the employment relationship at any time for any reason, with or without cause.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**RELEASE OF REFERENCES:**

I hereby authorize my former employers, associates and schools to provide UT Southwestern Medical Center with information regarding my services, academic achievements and character. I will not hold such organizations or individuals liable for furnishing same, and I hereby waive my right to receive written notice of any such information provided.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**OFFICE OF HUMAN RESOURCES**

**REQUEST FOR VERIFICATION OF PRIOR STATE SERVICE**

PRINT NAME: \_\_\_\_\_ EMPLOYEE#: \_\_\_\_\_

SSN: \_\_\_\_\_ DEPT: \_\_\_\_\_

Employees at UT Southwestern Medical Center are eligible to receive credit for prior State of Texas employment. Once an employee's length of prior state service has been confirmed, the employee may qualify for higher vacation accruals and longevity pay if employed on a full-time basis.

PLEASE INDICATE IF YOU HAVE EVER WORKED AT A STATE AGENCY:      Yes      No (If Yes, please list below)

PLEASE INDICATE IF YOU HAVE WORKED AT A STATE AGENCY UNDER A DIFFERENT NAME: \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

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

Dates:     From \_\_\_\_\_ To \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

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

Dates:     From \_\_\_\_\_ To \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

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

Dates:     From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Are you a TRS, ORP or ERS retiree?      Yes      No     Check one:      TRS      ORP      ERS

If yes, provide date of retirement and name of Texas Agency at time of retirement:

\_\_\_\_\_  
Date of Retirement

\_\_\_\_\_  
Agency

**OFFICE OF HUMAN RESOURCES**

**SELECTIVE SERVICE REGISTRATION VERIFICATION FORM**

In compliance with House Bill 558 passed during the 76<sup>th</sup> Legislative session, the University of Texas Southwestern Medical Center **requires that all male U.S. citizens/nationals 18 years of age to 26 years of age** provide proof of registration with the Selective Service System or exemption from such registration prior to employment.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

1. Are you a male U.S. Citizen or National who is 18 years of age to 26 years of age?  
(If "no", disregard questions 2 & 3; if you are a non-immigrant alien, you must provide proof of status.)  
 Yes  No
2. Are you registered with Selective Service?  
(If "yes", a copy of your registration is required.)  
 Yes  No
3. Are you exempt from registration with Selective Service?  
(If "yes", a copy of your exemption is required.)  
 Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date