

# Courtesy Appointment Worksheet

Employee ID: \_\_\_\_\_ Applicant ID: \_\_\_\_\_  
Prefix: \_\_\_\_\_ \*First: \_\_\_\_\_ Middle: \_\_\_\_\_  
\*Last: \_\_\_\_\_ Suffix: \_\_\_\_\_  
\*Gender: \_\_\_\_\_ \*D.O.B.: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\*Citizenship: \_\_\_\_\_ Country: \_\_\_\_\_  
National ID/SSN: \_\_\_\_\_

## Address Information:

(Home Address should be a foreign address for NRA employees)

\*Home Address: \_\_\_\_\_  
\_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Postal: \_\_\_\_\_

\*County: \_\_\_\_\_ \*Country: \_\_\_\_\_

Check here if Mailing Address is the same as Home Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

\*FS119

Exemption

*If yes, attach the  
Exemption per  
FS119 form.*

## Contact Information:

\*Home Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FSU Text Alert: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

## Emergency Contact Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Relatives Employed at FSU:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

**Education Information:**

\*Highest Education Level: \_\_\_\_\_ Full Time Student?  Yes  No *Degrees Conferred:*

Degree Earned: _____	Major Course of Study: _____
Institution: _____	Date Conferred: _____
Degree Earned: _____	Major Course of Study: _____
Institution: _____	Date Conferred: _____

\*Are you involved in classroom teaching?  Yes  No

\*If yes, are you competent in the spoken English language?  Yes  No

**Equal Employment Opportunity Solicitation:**

In order to meet the University's obligations as a federal contractor, we request that you complete the following information. This information will only be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions. Completion of this information is voluntary and will not affect your employment opportunities with the University. The information is confidential and will be kept separate from your other applicant information.

**Voluntary Self-Identification of Ethnicity/Race:**

Do you consider yourself Hispanic/Latino?

Yes  No  I decline to Self-Identify

Please select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White  
 I decline to Self-Identify

**Voluntary Self-Identification of Protected Veteran:**

I am a protected veteran. (Select all that apply)

Disabled Veteran

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. (If you are a disabled veteran and you would like to request a reasonable accommodation, please contact the Office of Equal Opportunity and Compliance at (850) 645-6519 or EOC@admin.fsu.edu.)

Armed Forces Service Medal Veteran

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 (61 FR 1209).

Active Duty Wartime or Campaign Badge Veteran

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.

Recently Separated Veteran

A 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. Discharge Date: \_\_\_\_\_

I am not a protected veteran, but I am a veteran

I am not a veteran

I decline to Self-Identify

