



**SMU** | HUMAN  
RESOURCES

# **New Benefit-Eligible Faculty Employment Packet For Academic Year 2020-2021**

New Faculty should submit completed new employment paperwork to:

Department of Human Resources at  
6116 N. Central Expressway Suite 200, Dallas, TX 75206  
[NewFaculty@SMU.edu](mailto:NewFaculty@SMU.edu)

*Questions? Please contact [NewFaculty@SMU.edu](mailto:NewFaculty@SMU.edu)*

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



## Employee Personal Data Information Regular Benefit-Eligible Faculty

Employee Legal Name (Legal name as it appears on your Social Security Card)				
Last Name:	First Name:	Middle Name:	SMU ID# (if known):	
Preferred Name:				
Last Name:	First Name:	Middle Name:		
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security Number:	
Highest Education Level:				
<input type="checkbox"/> Bachelor's Level Degree <input type="checkbox"/> Master's Level Degree <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Doctorate (Professional) <input type="checkbox"/> Other				
Degree	Institution	Location	Year Received	Major
Home Address (If your address changes prior to your start date, please email <a href="mailto:NewFaculty@smu.edu">NewFaculty@smu.edu</a> )				
Number and Street:	City:	State:	Zip Code:	
Personal Email Address:				
Phone Numbers:				
Home:		Cell:		
Campus Address (Leave blank if not known):				
Department Name:	Building Name & Room Number:		PO Box:	
Emergency Contact Information:				
Name:	Relationship:	Phone Number:		
Citizenship:				
<b>Citizen Status:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident Alien	<b>Country of Citizenship:</b>	<b>Visa Information (if applicable):</b> <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> H-1 <input type="checkbox"/> Other _____		



## Employee Personal Data Information Regular Benefit-Eligible Faculty

**Race/Ethnicity:**

Do you consider yourself to be Hispanic/Latino(a)?  Yes  No

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**In addition, select one or more of the following racial categories to describe yourself. If, you select two or more racial categories, please select one as primary.**

Racial Categories	Primary	Definition
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/>	<b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	<input type="checkbox"/>	<b>Asian:</b> 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, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	<input type="checkbox"/>	<b>Black or African American:</b> A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	<input type="checkbox"/>	<b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Veteran Status and Disability:**

SMU is an equal opportunity and affirmative action employer. This confidential information is voluntary and requested for Federal reporting purposes. To request a reasonable accommodation on the basis of a disability, please contact the ADA/504 Coordinator in the Office of Institutional Access and Equity located in Perkins Administration Building 204 ([www.smu.edu/iae](http://www.smu.edu/iae)).

We encourage you to complete the voluntary self-identification of disability form.

**Veteran Status:**

- I belong to the following classifications of protected veteran (choose all that apply):
- Disabled Veteran
  - Recently Separated Veteran (Date of military discharge: \_\_\_/\_\_\_/\_\_\_\_)
  - Active Duty Wartime or Campaign Badge Veteran/Other Protected Veteran
  - Armed Forces Service Medal Veteran

**Definitions**

- 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 the Veterans Affairs, or
  - a person who was discharged or released from active duty because of a service-connected disability.
- Any “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.

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran, but I am a veteran.

I am NOT a veteran.

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**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.

To request a reasonable accommodation on the basis of a disability, please contact the ADA/504 Coordinator in the Office of Institutional Access and Equity [www.smu.edu/iae](http://www.smu.edu/iae).



Memorandum

**TO:** All SMU Faculty  
**RE:** Contracts and Annualized Compensation for Academic Year 2020-2021

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IRS regulations related to deferred compensation require a written election to annualize the payments if you elect to be paid over a period longer than your contract period. The deferred compensation rules are related to your salary payments made outside of the contract period. If you are not electing to be paid over 12 months, there is no deferred compensation.

A written election must be made if:

- You are a new faculty member for Academic Year 2020-2021
- You are electing to be paid over **12 months** for Academic Year 2020-2021
- You are changing your election from the previous year (to either 10 or 12 months)

Please see the following form for further details and to make your election. **Please initial your election, sign the form, and return it with your faculty contract **prior to beginning work**, to ensure compliance prior to the start of the academic year.**

As with any income tax matter, please contact your personal tax consultant if you have any questions.



## Payroll Schedule Election Form Academic Year 2020-2021

Employees who are paid under a contract for a period of fewer than 12 months per year may elect to be paid over 12 months. This is called “annualized compensation.” Annualized compensation provides payroll payments to faculty during months outside of the contract period.

Due to IRS regulations, you must make a **written** election to receive annualized compensation; otherwise, the amount of deferred compensation will be subject to an IRS penalty. Please initial your selection below, sign and return this form **prior to beginning work**, to ensure compliance and avoid a penalty. **Please submit this form if you are 1) a new faculty member, 2) re-electing to be paid over 12 months, or 3) changing your pay schedule from the previous year (to either 10 or 12 months); elections will not be subject to a penalty as long as you submit this form prior to beginning work.\***

*\*According to IRS regulations, if you begin work for the academic year before you submit this form, you may be subject to a 20% penalty on the deferred compensation.*

*\*Note that there is a maximum amount of income that can be deferred from one calendar year to another. If your deferrals exceed this specified amount, you will be contacted in advance, and the amount will be paid on your December 2020 paycheck and will be subject to regular federal and FICA tax withholding. Making this payment will avoid the additional 20% taxation.*

IRS regulations stipulate that once you have made an election for this contract period, you may not revoke it. As with any income tax matter, please contact your personal tax consultant if you have any questions.

### Please initial your election below:

\_\_\_\_\_ **I elect annualized compensation.** I will receive **12 consecutive monthly payments** beginning August 2020 and ending July 2021. I understand that payroll deductions for taxes and benefits will be deducted from each paycheck.

\_\_\_\_\_ **I do not elect annualized compensation.** I will receive **10 consecutive monthly payments** beginning August 2020 and ending May 2021. I do not need to submit this form again unless I change my election and request to be paid over 12 months.

**Employee Signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Return to your department with your contract**

**CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

**Disclosure**

Southern Methodist University may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. (“HireRight”) will prepare or assemble the background reports for the Southern Methodist University. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

**Authorization**

I hereby authorize Southern Methodist University to obtain the consumer reports described above about me.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

**Investigative Consumer Report:**

An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, or personal characteristics. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting Southern Methodist University.

**Ongoing Authorization:**

If Southern Methodist University hires you or contracts for your services, Southern Methodist University may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

**Summary of Rights under the Fair Credit Reporting Act:**

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

**HireRight Privacy Policy:**

Information about HireRight’s privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

**Para información en español, visite <http://www.consumerfinance.gov/learnmore> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 205**



**CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

**A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:**

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552  b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

**CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board</p>
	<p>Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area Supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8<sup>th</sup> Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

**CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

Please complete, sign and return this form to SMU Human Resources by:

Fax: 214-768-2299

By e-mail: [newfaculty@smu.edu](mailto:newfaculty@smu.edu)

Name of Department Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Department/School: \_\_\_\_\_

If you have questions, please contact the Department of Human Resources at 214-768-3311

<b>PERSONAL DATA - Fill out the following information completely and accurately. Please print or type.</b>				
<i>(First Name)</i>		<i>(Middle Name)</i>		<i>(Last Name)</i>
<i>Other names you have ever used (Maiden, Adoption, etc.)</i>				
<i>(Current Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
<i>(Phone Number)</i>		<i>(E-mail address - may be used for official correspondence)</i>		
<i>If you haven't lived at your current address for the past 7 years, list the other addresses you've lived at during the past 7 years.</i>				
<i>(Address )</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>	<i>(Dates of Residence)</i>
<i>The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.</i>				
<i>(Social Security #)</i>		<i>(Date of Birth)</i>		<i>(Driver's License # and State)</i>
<i>If you've held a Driver's License in another state please list.</i>				
<i>(Driver's License # and State)</i>			<i>(Driver's License # and State)</i>	
<b>Education Details for Education Verification</b>				
<i>Please check the highest education level completed. Do not include degrees in progress.</i>				
<input type="checkbox"/> HS Diploma or Equivalent		<input type="checkbox"/> Associate Level Degree Major: _____		
<input type="checkbox"/> Bachelor's Level Degree Major: _____		<input type="checkbox"/> Master's Level Degree Major: _____		
<input type="checkbox"/> Doctorate, Specify degree: _____		<input type="checkbox"/> Other _____		
<i>(Name of School)</i>			<i>(City)</i>	<i>(State)</i>
<i>(Name on Diploma/Degree at the time it was awarded)</i>			<i>(Graduation Date – Month/Year)</i>	

**HUMAN RESOURCES USE ONLY:**

Home Base Org: \_\_\_\_\_ Department: \_\_\_\_\_

Temporary Staff    Adjunct Faculty    Regular Staff    Regular Faculty    Volunteer/Non-Employee

**CONSUMER DISCLOSURE AND AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by Southern Methodist University.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to Southern Methodist University and its designated representatives and agents, for the purpose of assisting Southern Methodist University in making a determination as to my eligibility for employment (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if Southern Methodist hires me or contracts for my services, my consent will apply, and Southern Methodist University may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if Southern Methodist University obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original.

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## Employee Statement Acknowledgement

I, \_\_\_\_\_, SMU # \_\_\_\_\_, recently employed by Southern Methodist University, acknowledge having completed a New Employee Orientation tutorial provided by the Department of Human Resources at SMU. During this session, I was informed of the University's policies and procedures on issues regarding:

- Probationary Period
- Workers' Compensation
- Work Schedules
- Leaves
- Direct Deposit
- Employee Benefits
- Code of Ethics
- Grievance Procedure
- Confidentiality & Information Management Statement
- University's Position Against Sexual Harassment
- Policy Against Drug & Alcohol Abuse
- Other Information Regarding My Employment

I am aware that SMU policies are available to me on the intranet at [www.smu.edu/policy](http://www.smu.edu/policy) and it is my responsibility to familiarize myself with these policies. In addition, I confirm that I understand the following policies:

### 403b and Emeriti Participation

I understand that participation in the SMU 403(b) Retirement Program is required at age 36 with one year of employment, and that participation in the Emeriti Health Account is required at age 40.

### Grievances

I agree to accept the applicable SMU policies and processes as the sole and exclusive remedy for any employment related complaint that may occur as a result of my employment or termination from SMU.

### Payroll Deductions

I acknowledge and agree that SMU may withhold any lawful deduction from my pay from time to time during my employment and/or at termination, pursuant to the SMU Wage Deduction Authorization Agreement included on page 2 of this document.

### Workers Compensation

I understand that Southern Methodist University is a subscriber to the Texas Worker's Compensation System. I further understand and agree as an employee I must comply with SMU's safety rules, policies and procedures. I understand that failure on my part to follow the safety rules set forth may be grounds for disciplinary action, including termination of employment. In addition, I have read the Notice to New Employee information included on page 3 of this document.

By my signature below, I agree to abide by the policies, procedures, practices and regulations of Southern Methodist University. I acknowledge the University's right to review, at any time, its policies, procedures, practices and regulations and I agree to abide by and be governed by such revisions.

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

\_\_\_\_\_  
Date



## Wage Deduction Authorization Agreement

I understand and agree that my employer, Southern Methodist University (the “SMU”), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the SMU’s group medical/dental/vision plan;
2. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by SMU;
3. Installment payments on loans or wage advances given to me by SMU, and if there is a balance remaining when I leave SMU, the balance of such loans or advances;
4. If I receive an overpayment of wages for any reason, repayment to SMU of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless SMU and I agree in writing to a series of smaller deductions in specified amounts);
5. The cost to SMU of personal long-distance calls I may make, or messages I may send, using SMU phones (land lines or cell phones) or SMU accounts, or personal faxes sent by me using SMU equipment or SMU accounts, or of non-work related access to the Internet or other computer networks by me using SMU equipment or SMU accounts;
6. The cost of repairing or replacing any SMU supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the SMU during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage, or, if I am a salaried exempt employee, reduce my salary below its predetermined amount).
7. Other miscellaneous items: parking violation fees, library fees, bookstore charges, parking or transit costs, taxes related to tuition benefits, health center fees, student health insurance fees, student fees, other academic fees, late charges, interest charges and all other miscellaneous costs.

I agree that SMU may deduct money from my pay should any of the above circumstances occur.

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

\_\_\_\_\_  
Date





## **Notice to New Employees regarding Workers' Compensation**

Southern Methodist University has workers' compensation insurance coverage through The Hartford to protect you. You can get more information about your workers' compensation rights from any office of the Texas Workers' Compensation Commission, or by calling 1-800-252-7031.

You may elect to retain your common law right of action if, no later than five days after beginning employment, you notify Southern Methodist University in-writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

## **Aviso a Nuevos Empleados**

Para su protección, Southern Methodist University está cubierto por un seguro de compensación al trabajador a través de The Hartford. Usted puede obtener información adicional sobre sus derechos de compensación al trabajador en cualquier oficina de la Comisión de Compensación de Trabajadores de Texas, o puede llamar al 1-800-252-7031.

Usted puede elegir retener su derecho a acciones bajo la ley común, si usted notifica por escrito a Southern Methodist University, a más tardar cinco días después de comenzar empleo, que usted desea retener su derecho bajo la ley común para recobrar daños por lesiones personales. Si usted elige su derecho de acción por la ley común, usted no puede obtener ingreso de compensación al trabajador o beneficios médicos si usted es lesionado/a.