**Prior Service Questionnaire**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division/Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of State Agency** | **Employment Status (Permanent/Temporary)** | **Employment Dates****(Month, Day, Year)** | **FT/PT** | **Hours Worked per Week** | **Leave Without Pay****🞏 Yes 🞏 No****(Dates)****From To** | **Office Use Only** |
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|  |
| Have you ever been in Government Retirement System?🞏 Yes🞏 NoWhich System? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Are you currently retired from any System?🞏 Yes🞏 NoWhich System? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Social Security Number:** | **Employee Signature:** | **Date:** |