**Prior Service Questionnaire**

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  | |  | |  |  | |  |  |
|  |  | |  | |  |  | |  |  |
|  |  | |  | |  |  | |  |  |
|  |  | |  | |  |  | |  |  |
|  |  | |  | |  |  | |  |  |
|  | | | | | | | | | |
| Have you ever been in Government Retirement System?  🞏 Yes  🞏 No  Which System? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Are you currently retired from any System?  🞏 Yes  🞏 No  Which System? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | |  | | | | |  | | |
| **Social Security Number:** | | **Employee Signature:** | | | | | **Date:** | | |