

PERSONAL DATA FORM

The information on the Personal Data Form will assist Human Resources with the process of entering you into the University's Human Resource Information System.

<p><i>(Name as it appears on your Social Security card.)</i></p> <p>Last Name: _____ First Name: _____</p> <p>Middle Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____</p> <p>Phone Number 1: _____ Phone Number 2: _____</p>	<p>Birth Date: _____</p> <p>Sex: <input type="radio"/> Not Disclosed <input type="radio"/> Female <input type="radio"/> Male</p> <p>Citizenship Status: _____</p> <p>Social Security Number*: _____</p> <p style="text-align: center;"><i>*Please provide a copy of your Social Security card with the Personal Data Form. The original card must be viewed by the Human Resources Office on the first day of employment. If you cannot locate your card, a replacement can be ordered at http://www.ssa.gov/ssnumber/</i></p> <p>Marital Status:</p> <p style="text-align: center;"> <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other </p> <p>Military Reserve:</p> <p style="text-align: center;"> <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve </p>
<p>Emergency Contacts</p> <p>Name: _____ Name: _____</p> <p>Address: _____ Address: _____</p> <p>City: _____ City: _____</p> <p>State: _____ State: _____</p> <p>Zip Code: _____ Zip Code: _____</p> <p>Phone Number: _____ Phone Number: _____</p>	

Veteran Status:

None Vietnam Veteran Only Other Protected Veteran Only Both Vietnam/Other Eligible Veteran

Active Duty Separation Date: _____

Armed Forces Service Medal Indicator Special Disabled Veteran

Please Answer Both Questions:

Are you Hispanic or Latino?: Yes No

What is your Race? (Select one or more):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

The purpose of this form is to collect information about each University employee for that employee's official employment records. Completion of this form is voluntary.

EEO Ethnicity:

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

EEO Race:

American Indian or Alaska Native. 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.

Asian. 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.

Black or African America. A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.