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| Personal Information |
| \*Legal Name: |       |  |       |       |       |
|  Last | First | Middle Initial | Salutation | Other Names Used (if any) |
| \*Social Security Number: |       | Date of Birth: |       |
| Sex at birth:  | [ ]  Female [ ]  Male | U.S. Citizen: [ ]  Yes [ ]  No *(If no, complete the next two lines.)* |  |
|  |  | Visa Type: |       | Visa Expiration Date: |       |
| Gender Identity:  | [ ]  Female [ ]  Male [ ]  Non-Binary | Country of Citizenship: |       |
| \*Legal name is as it appears on your social security card. The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to the IRS Code. The Social Security Number is required to verify your identity. |

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| Home Address |
| Home Address: |       |       |
|  Street Address | Apartment/Unit # |
|  |       |       |       |
|  City | State | ZIP Code |
| Home Phone: |       | Cell Phone: |       |

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| Demographics |
| Ethnicity: Are you Hispanic/Latino? | [ ]  Yes [ ]  No |
| Race:(select all that apply) | [ ]  American Indian or Alaska Native [ ]  Asian[ ]  Black or African American [ ]  Native Hawaiian and other Pacific Islanders [ ]  White | If Asian, select all that apply below:[ ]  Asian Indian[ ]  Bangladeshi[ ]  Burmese[ ]  Chinese[ ]  Filipino[ ]  Japanese[ ]  Korean[ ]  Pakistani[ ]  Thai[ ]  Vietnamese[ ]  Other Asian Group | If Pacific Islander, select all that apply below:[ ]  Guamanian and Chamorro[ ]  Native Hawaiian[ ]  Samoan[ ]  Other Pacific Island Group |
| Primary Language Spoken at Home:(select only one; optional) | [ ]  American Sign Language[ ]  Arabic[ ]  Bengali[ ]  Chinese[ ]  English | [ ]  French[ ]  Haitian Creole[ ]  Italian[ ]  Korean[ ]  Polish | [ ]  Russian[ ]  Spanish[ ]  Urdu[ ]  Yiddish[ ]  Other |
| Do you identify as a member of the LGBTQI+ community? | [ ]  Yes[ ]  No[ ]  Choose not to disclosePlease see [NYS Executive Order 187](https://oer.ny.gov/executive-order-187) for more information. |
| Disability Status: | [ ]  No, I do not have a disability. [ ]  Yes, I have a disability. [ ]  I do not wish to answer. |
| Veteran Status: | [ ]  Yes [ ]  No |
| Military Service Status: | [ ]  None[ ]  Active Military Duty | [ ]  Active National Guard [ ]  Active Reserve |
| Protected Veteran Status: | [ ]  I am not a protected veteran.[ ]  I identify as one or more of the classifications of protected veteran.Protected veteran definition: <https://www.dol.gov/ofccp/posters/Infographics/ProtectedVet.htm> |

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| Education |
| Degree | Year Graduated | School Name | Check highest level of education |
|       |      |       | [ ]  highest |
|  |      |       | [ ]  highest |
|  |      |       | [ ]  highest |

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| Prior or Current Service with the State of New York or SUNY |
|       |       |       |
| *Institution* | *Title* | *Appointment Dates* |
|       |       |       |
| *Institution* | *Title* | *Appointment Dates* |
| Are you a retired public employee? [ ]  Yes [ ]  No |
| If yes, date of retirement:       and check retirement system: [ ]  NYS ERS [ ]  NYS TRS [ ]  TIAA |

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| Emergency Contacts |
| Name: |       |       |
|  | *Last* | *First* |
| Address: |       |
|  | *Street Address, City, State, Zip Code* |
| Work Phone: |       | Home Phone: |       | Cell Phone: |       |
| Relationship to you: |  |
|  |
| Name: |       |       |
|  | *Last* | *First* |
| Address: |       |
|  | *Street Address, City, State, Zip Code* |
| Work Phone: |       | Home Phone: |       | Cell Phone: |       |
| Relationship to you: |  |

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| **Employee Signature** |
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|  |  |  |  |  |
|  | Employee Signature |  | Date |  |

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| **Student Assistants and Work Study students**: return completed form to the Payroll Office, CLEV 408.**Non-student employees**: return completed form to Human Resource Management, CLEV 403*.* |

HRM-8/2023