|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 disclose  Please 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 |

|  |  |  |
| --- | --- | --- |
| 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 | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | | |
|  | | | | |
|  |  |  |  |  |
|  | 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