

SUNY New Paltz Personal Information Form

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Please indicate:

- New Hire** (complete entire form)
 Returning (after break in service [more than one semester for adjunct employees] complete entire form)
 Current Employee Update (complete shaded areas and any changes. *Please note: this form cannot be used to change your name or address. The proper name/address change form is available in Human Resources (HR) or on the HR department website.*)

Hire/Returning/Update Effective Date: ____/____/____ Social Security # _____

Salutation (Ms., Mr., Dr.) _____ Legal Name _____
Last First MI

Date of Birth ____/____/____ Birth State _____ Birth Country _____

Job Title _____ Suffix (i.e. Ph.D., MSW) _____ Gender Male Female

US Citizen Yes No If no, country of citizenship _____ Visa Type _____

Race
 American Indian or Alaska Native Asian Black or African American
 Hispanic or Latino of any race, and for individuals who are non-Hispanic (Latino only)
 Native Hawaiian & other Pacific Islanders White

Disability Status
 Not disabled Learning disabled Legally blind Mobility impaired Multiple impairment
 Acoustically impaired Visually impaired (not legally blind) Other impairment

Veteran Status
 Non-Veteran Disabled Vietnam Veteran from NYS Disabled Vietnam Veteran Disabled Veteran
 Vietnam Era Veteran from NYS Vietnam Era Veteran Other Eligible Veteran
 Veteran, Other Spouse of 100% Disabled Veteran Active Reservist National Guard, Active

Addresses

Legal/Physical Address _____ City: _____ State: _____ Zip: _____

Mailing Address _____ City: _____ State: _____ Zip: _____
(If different from above)

Home Phone _____ Work _____ Cell _____

Emergency Contact Information

Contact Name _____ Relationship _____

Address _____
Street City State Country

Day Phone _____ Evening Phone _____ Cell Phone _____

Education

Highest Education Level (less than high school, high school graduate, GED, Associates, Bachelors, Masters, Doctorate) _____

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Post Secondary Education (Required information for professional and faculty positions or any employee declaring post-secondary education)

University/College Name _____ Month/Year Received ____/____

Completed Degree Type _____ Program _____
(Education, Psych, Foreign Lang., History, etc.)

Degree received in: City _____ State _____ Country _____

Pending Degree (if applicable) _____ Program _____
(Education, Psych, Foreign Lang, History, etc.)

Degree expected to be received in: City _____ State _____ Country _____

License(s)/Certification(s)

Driver's License (if required for position) Driver's License Number _____
Issuing State/Province: _____ Class: _____ Expiration Date: ____/____/____

Professional License Held (Complete if required by position, otherwise optional)

Official License Held: (ie: CPA, RN, MD, Etc.) or License, Other (i.e.; security guard license)

Type _____ Issued by _____ License Number _____

Specialization/Description _____ Class _____

Issue Date ____/____/____ Re-Certification Date ____/____/____ Expiration Date ____/____/____

Certifications (Complete if required by position i.e.; CPR, specialty software certifications, etc.)

Type _____ Specialization _____

Issue Date ____/____/____ Re-Certification Date ____/____/____ Expiration Date ____/____/____

Other (Training, etc. – required by position)

Type _____ Specialization _____

Issue Date ____/____/____ Re-Certification Date ____/____/____ Expiration Date ____/____/____

(Attach any additional information)

Signature/Attestation

I attest that the information I have provided on this form is true and correct to the best of my knowledge.

Signature: _____ Date: ____/____/____

HR USE ONLY (f):

SUNY ID Assigned: HR staff Initials _____ Date entered: ____/____/____