

# 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.*)

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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/Ethnicity** A. Are you of Hispanic or Latino origin?  Yes  No

B. Is your race (select as many as apply):  American Indian or Alaska Native  Asian  
 Black or African American  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: \_\_\_\_/\_\_\_\_/\_\_\_\_