

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 Number

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 _____
Street City County State Zip

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

Home Phone _____ Work _____ Cell _____

EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship _____

Address _____
Street City State Country

Day Phone _____ Evening _____ Cell _____

EDUCATION

Highest Education Level

less than high school high school graduate GED Associate Bachelors Masters Doctorate

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 ____/____/____