

**EMPLOYEE FORM  
Personal Information**

Reason: New <input type="checkbox"/> Update <input type="checkbox"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Effective Date:	Last 4 digits of SSN:
Last Name:		First Name:	Middle Initial:
Birth Last Name:	Date of Birth:	Marital Status: Married: <input type="checkbox"/> Single: <input type="checkbox"/>	
U.S Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, complete Visa & Country Info	Visa Type:	Country of Citizenship:	

Are you a retiree collecting a NY Public Pension? Y or N If yes, which retirement system? \_\_\_\_\_

What year did you retire? \_\_\_\_\_ Which agency are you retired from? \_\_\_\_\_

**Home Address**

Street:		Apt/Building #	
City:	State:	Zip Code:	
County:	Home Phone: ( ) -		
Home E-mail:	Cell Phone: ( ) -		

**Campus Work Address**

Department:		
Building:	Room:	
Work E-mail:	Work Phone: ( ) -	

**Demographics**

**Disability Status**

- Not Disabled
- Acoustically Impaired
- Legally Blind
- Learning disability
- Mobility Impairment
- Multiple Impairment
- Other Impairment
- Visually impaired (not legally blind)

**Ethnicity (Optional)**

- Black or African American
- Native Hawaiian or other Pacific Islander
- Hispanic
- Asian
- White
- American Indian or Alaska Native

**Veteran Status**

- Non Veteran
  - Disabled Veteran
  - Disabled Viet Nam Veteran
  - NYS Disabled Viet Nam Veteran
  - NYS Viet Nam Era Veteran
  - Viet Nam Era Veteran
  - Veteran
  - National Guard Active
  - Active Reserve
  - Other Eligible Veteran
  - Spouse of 100% Disabled Veteran
  - Special Disabled Veteran
- \_\_\_\_\_ Military Separation Date  
DD 214 Military separation forms must be presented to HR

**Volunteer Firefighter/EMT**

- Yes  No

**OVER**



### Education

Please check all that apply

<input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> Professional Degree
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Technical School
<input type="checkbox"/> Some Graduate Work	<input type="checkbox"/> Additional Training (after High School)
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> High School Graduate or GED
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Less than High School

### Degree Information

Mandatory if position requires a degree

If a complete Vita is attached, which includes all the following information, this may be left blank

Date Degree Awarded	Degree Type	Specialization	College or University
Year: Month:	Type:		College/University Name: State/City: Degree Country:
Year: Month:	Type:		College/University Name: State/City: Degree Country:
Year: Month:	Type:		College/University Name: State/City: Degree Country:

### Degree In Progress

Initial Date	Degree Type	Specialization	College or University

### Training / Skill / Certification

Date Issued	Type	Specialization	Received From / Issued By
Expiration Date:		Re-Certification Date:	
Expiration Date:		Re-Certification Date:	

If you would like to add additional Training/Skill/Certification, please feel free to attach an additional page.

### Emergency Contact

Last Name:		First Name:	
Street:			
City:		State:	Zip Code:
Home Phone: ( ) -	Cell Phone: ( ) -	Relationship:	
Work Phone: ( ) -		Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you would like to add additional Emergency Contacts, please feel free to attach an additional page.