

DEPARTMENTAL Employee Information form

Reason: New Update *Personal Information to be collected by Departments* Effective Date:

Legal Last Name		Legal First Name					
Middle Initial		*Chosen First Name			• It is the policy of Binghamton University to allow any employee to identify a chosen first name.		
Birth Last Name:			Date of Birth		**Federal Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Volunteer Firefighter/EMT <input type="checkbox"/> Yes <input type="checkbox"/> No		(Optional) Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Incl, but not limited to Non-Binary, Intersex, genderfluid)					
** (Federal requirements mandate the use of F(Female) or M(Male) categories when reporting on gender. Please choose which gender marker you would like to use for federal reporting purposes)							
Retirement Information:							
Are you a retiree collecting a NY Public Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, which retirement system?			
What year did you retire?				Which agency are you retired from?			
Legal Address:							
Street Address:				City:			
State:		Zip:		Home Phone: () -			
Home email:				Cell Phone: () -			
Education							
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	State/City:	Degree Country	Highest Degree?
Month	Year						
Degree in progress							
Initial Date:		Degree Type	Specialization	College or University	State/City:	Degree Country	
Month	Year						
Training/Skill/Certification							
Date Issued	Expiration Date	Type	Specialization	Received from/Issued By		Re-Certification Date	
Emergency Contact							
First Name		Last Name:		Street Address:		State:	Zip:
<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone			Email		Relationship		

For addition information, please use the back of the form.