



Employee Personal Data Form



Print All Information

Personal Data		
Legal Name (as it appears on Social Security Card – FIRST, MIDDLE, LAST)		Salutation or Suffix:
Social Security Number:		Date of Birth (mm/dd/yyyy):
Address 1 (full street address)		Primary Phone:
Address 2 (city, state, zip code)		Secondary Phone (if applicable)
County:	Email:	Preferred Name (if different from above):

Gender:		
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	<input type="checkbox"/> Decline to identify

Marital Status:		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Common Law	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Widowed

Employment Authorization Status/Citizenship:			
US Citizen:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Birth Country:
VISA:			Specify VISA type

Education:		
Highest Degree Awarded:		Major:
Institution Name:		
City, State OR Country (if outside US)		

Emergency Contact:	
Name:	Relationship:
Primary Phone:	Alternate Phone:
Address (full street address, city, state, zip code):	

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Voluntary Self-Identification



Salisbury University is committed to equal opportunity in education and employment. In compliance with applicable Federal and State equal opportunity employment and affirmative action laws, Salisbury University is required to report the information requested below. Responses will be kept confidential and all information will be used only in a manner that is consistent with Federal and State reporting requirements.

Ethnicity/Race: The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, data will be aggregated and will not identify any specific individual. Colleges & Universities are asked by many, including Federal and State governments as well as national surveys to describe the racial/ethnic backgrounds of employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Ethnicity (select one)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race

Not Hispanic or Latino: A person NOT of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish cultures.

2. Race (select all that apply.)

American Indian/Alaskan Native (AI/AN): A person having origins in any of the original peoples of North America, Central America and South America

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including but not limited to: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

Black/African American: A person having origins in any of the original peoples or racial groups of Africa

Native Hawaiian/Pacific Islander (NH/PI): A person having origins in any of any of the original peoples of Hawaii, Guam, Samoa or the Pacific Islands.

White: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Decline to identify

3. Primary Race (What is your **PRIMARY** race? Indicate only 1 from below.)

AI/AN

ASIAN

BLACK/AA

NH/PI

WHITE

DECLINE

Military/Veterans Status (select one):

NO Military Service

Not a protected Veteran

Active Duty/Campaign Badge Veteran

Active Reserve

Armed Forces Service Medal

Inactive Reserve

Other Protected Veteran

Pre-Vietnam Veteran

Post-Vietnam Veteran

Vietnam Veteran

Retired

Service Medal & Other Veteran

Veteran (VA Ineligible)

Current Dependent

Disability Status: You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

YES I have a disability or have a history/record of having a disability

NO I do not have a disability or a history/record of having a disability

Decline to identify

EMPLOYEE SIGNATURE (required)

DATE