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**Employee Personal Data Form**

**Print All Information**

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| **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):* |

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| **Gender:** |
| FEMALE  MALE  Decline to identify |

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| **Marital Status:** | | |
| Single | Married | Divorced |
| Common Law | Head of Household | Widowed |

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| **Employment Authorization Status/Citizenship:** | | | | |
| *US Citizen:* | **YES**  **NO** |  | *Birth Country:* |  |
| *VISA:* |  |  | *Specify VISA type* |  |

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

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

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**Employee Personal Data Form (page 2)**

Voluntary Self-Identification

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| 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. |

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| **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, Couth 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. |

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| 1. **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** |

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| 1. **Primary Race (What is your *PRIMARY* race? Indicate only 1 from below.)** | | | | | |
| AI/AN | ASIAN | BLACK/AA | NH/PI | WHITE | DECLINE |

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| **Military/Veterans Status (select one):** |

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| 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 |

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| **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** |

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| EMPLOYEE SIGNATURE (required) | DATE |