FACULTY INFORMATION FORM

**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please check**: \_\_\_\_\_ New Hire \_\_\_\_\_ Rehire

\*Required: ***Personal*** Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(banner ID cannot be set up without a personal email address)*

The information provided on this form is used for University tax information, mail, and for all University and government reporting. It is essential that all elements be accurate and truthful. Your name printed on this form and tax forms must match the legal name printed on your social security card.

Human Resources may request to view your social security card or legal name change documents to verify that your name is correctly recorded in the system.

**PLEASE PRINT YOUR INFORMATION**

Social Security Number ­\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

Department working in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First - Use Legal Name) (M.I.) (Last) (Suffix)

Preferred first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS INFORMATION MUST BE EITHER HOUSE OR APT.**

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION (Please Check Selection)**

Marital Status: \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Separated

 \_\_\_\_ Widowed \_\_\_\_ Life Partnered \_\_\_\_ Religious Order

Birth Date: \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ GENDER: \_\_\_\_\_ Female \_\_\_\_\_ Male

 (month) (day) (year)

Citizenship: \_\_\_\_ Citizen \_\_\_\_ Non-Citizen \_\_\_\_ Non-Citizen Permanent Resident

If not citizen, country of origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport Expiration: \_\_\_\_\_\_\_\_\_

Visa Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTARY DEMOGRAPHIC DATA** (Release of demographic information is voluntary). The information obtained will be kept confidential and may only be used in accordance with provisions of applicable laws.

**Race:** Review each of the following categories and check the box that identifies your race/national origin (you may select more than one category).

\_\_\_\_ White (not Hispanic or Latino)

\_\_\_\_ Black or African American (not Hispanic or Latino)

\_\_\_\_ Native Hawaiian or other Pacific Islander (not Hispanic or Latino)

­­­\_\_\_\_ Asian (not Hispanic or Latino)

\_\_\_\_ American Indian or Alaska Native (not Hispanic or Latino)

\_\_\_\_ Not Disclosed

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

University/College Date Degree Type

 Graduate (M.A./Ph.D./M.D.)

UG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Grad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_