State University of New York at Buffalo

EMPLOYEE BIOGRAPHICAL DATA FORM

This form is used for updating your Personnel Record File. Return to Operations, Personnel Department, Crofts Hall, Amherst Campus. For initial appointments, this form must accompany Appointment Authorization.

Social Security No. _____ Date _____

Mr. Miss
Mrs. Ms. Dr. _____
Last Name | First Name | Middle Name | Home Telephone No.

Present Address _____
Number and Street (Apt. or P.O. Box) | City | State | Zip Code

Birth Date _____ Birthplace (State and/or Country) _____ Citizen of _____

U.S. Citizen by: ( ) Birth ( ) Naturalization

If you are not U.S. citizen: Visa Type _____ Passport or Alien No. _____

Ethnic Code: ( ) Black ( ) Hispanic ( ) American Indian ( ) Asian/Pacific ( ) White

Marital Status: ( ) Married ( ) Single ( ) Widowed ( ) Divorced ( ) Separated

Name of Spouse _____ Spouse's Birthdate _____

EDUCATION:

High School or Secondary School Attended and Location	Year of Graduation

College(s) Attended	Degree(s)	Month/Year (Rec'd)	Major Course of Study

EXPERIENCE: Positions held

Employer's Name	Address	Job Title	Dates

(use reverse side if necessary)

STUDENT ASSISTANT EMPLOYMENT:
Are you currently a registered student? ( ) YES ( ) NO Student I.D. Number _____

CONCURRENT OR PREVIOUS SUNY OR N.Y. STATE EMPLOYMENT:

Agency	Location/Department	Title	Dates

VOLUNTEER FIREPERSON: ( ) YES ( ) NO

VETERAN STATUS:

Are you a U.S. Veteran? ( ) YES ( ) NO If YES, were you disabled? ( ) YES ( ) NO
If so, _____ percent disability

Dates and branches of U.S. Military Service _____

Are you the spouse or widow of a 100 percent Disabled Veteran of the U.S. Armed Forces? ( ) YES ( ) NO

_____
SIGNATURE

R-4/83

No person, in whatever relationship with the State University of New York at Buffalo, shall be subject to discrimination on the basis of age, creed, color, handicap, national origin, race, religion, sex, marital or veteran status.