

Employee Biographical Data Form

Salutation: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Date: _____	
Name: _____			
SSN: _____		Home Phone #: _____	
<small><i>Last Name</i> <i>First Name</i> <i>Middle Name</i></small>			
Present Address _____			
<small><i>Street</i></small>			

<small><i>City</i></small>		<small><i>State</i></small>	
		<small><i>Zip Code</i></small>	
Date of Birth: _____ Birth Place (State and/or Country): _____			
Citizen of: _____			
Are you a registered Student? <input type="checkbox"/> Yes <input type="checkbox"/> No Student I.D. Number: _____			
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female			
Ethnic Code: <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaskan			
Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____			
Spouse's/Partner's Name: _____			
If you are NOT a U.S. Citizen Visa Type: _____ Passport or Alien# _____			
Concurrent or Previous SUNY or N.Y. State Employment			
Agency	Location/Department	Title	Dates
Education			
Degree	mm/yy	Institution's Full Name and Address (Do Not Abbreviate)	
Veteran Status			
Are you a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, were you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Percent Disability: _____			
Dates and Branches of U.S. Military Service: _____			

Signature _____ Official Job Title _____ Date _____

This form is for departmental use only. Please do not send to Human Resources.