

Personal Data Form

Last Name: _____	First Name: _____	MI: _____	
Preferred First Name: _____			
Permanent Address: <small>(Where paycheck will be mailed)</small>	_____ _____ _____		
Mailing Address: <small>check here if same as above <input type="checkbox"/></small>	_____ _____ _____		
Phone Number(s)	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>
	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>
PERSONAL INFORMATION			
Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/> N/A <input type="checkbox"/>	Are you a U.S. Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
SSN:	<small>* If you selected "No", please specify your Visa Type:</small>		
DOB:	<input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> H-1 <input type="checkbox"/> Other: <input type="checkbox"/>	If other, please describe: _____	
	Expiration Date: _____	Alien Reg. #: _____	
Please select your marital status:			
Single <input type="checkbox"/>	Married <input type="checkbox"/>		
Domestic Partner <input type="checkbox"/>	Divorced <input type="checkbox"/>		
Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>		
Are you Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please select one or more of the following races (See Appendix A to choose from more specific races):			
White (Not Hispanic or Latino)	<input type="checkbox"/>		
Black or African American (Not Hispanic or Latino)	<input type="checkbox"/>		
Asian (Not Hispanic or Latino)	<input type="checkbox"/>		
Native American or Pacific Islander (Not Hispanic or Latino)	<input type="checkbox"/>		
American Indian or Alaskan Native (Not Hispanic or Latino)	<input type="checkbox"/>		
Two or More Races (Not Hispanic or Latino)	<input type="checkbox"/>		
Emergency Contact:		Phone Number:	
Relationship:	_____	Add'l Number (opt.):	_____
Campus:	Valhalla <input type="checkbox"/>	White Plains <input type="checkbox"/>	Pleasantville <input type="checkbox"/> Midtown <input type="checkbox"/> Downtown <input type="checkbox"/>
Home Department: _____			
Please select your employee class:			
Full Time Faculty <input type="checkbox"/>	Graduate Assistant <input type="checkbox"/>	Retiree <input type="checkbox"/>	
Part Time Faculty <input type="checkbox"/>	Full Time Staff <input type="checkbox"/>		
Student Assistant <input type="checkbox"/>	Part Time Staff <input type="checkbox"/>		

I certify that the information I have given is true and correct to the best of my knowledge.

Signature: _____ Date: _____

