

STATE UNIVERSITY OF NEW YORK – PURCHASE COLLEGE
STUDENT EMPLOYEE DATA SHEET
 Check answer(s) where choices are provided

Demographic Information

<u>Legal Name*</u> (required) and Preferred First Name:						
	Salutation	First Name*	Preferred First Name	Middle Name	Last Name*	
Address:	Street # or P.O. Box		Street Address		Apartment No.	
	City			State	Zip County	
	Home #:		Cell #:	Email		
	Employee Date of Birth		Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-Binary
Emergency Contact:	Name:	First		Last		
	Address	Street # or P.O. Box		Street Address		
						Apartment Number
		City			State	Zip County
	Home #:		Cell #:		Relationship:	

Citizenship Status

U.S. Citizen	<input type="checkbox"/>	<input type="checkbox"/>	<i>If no, Non-Citizenship Type (select one only – all related data for each field must be completed)</i>		
	Yes	No	<input type="checkbox"/> Permanent Resident/ or Conditional PR or <input type="checkbox"/>	Permanent Resident Card Number: A# _____ Country of Citizenship: _____	Permanent Resident Card Expiration Date _____
			<input type="checkbox"/> Employment Authorization Card	Employment Authorization Card Number: _____ Country of Citizenship: _____	Employment Authorization Card Expiration Date _____

Non-Citizen with USA Visa

<input type="checkbox"/> F-1 or <input type="checkbox"/> J-1 Visa (SELECT ONLY ONE)	I-94 Admission Number _____ I-94 Expiration Date _____ Date of entrance to US _____	I-20 or DS-2019 #: _____ I-20 or DS-2019 Exp. Date _____ Country of Citizenship _____
Non-Purchase College students must present	an I-20/DS-2019 form that has been authorized by thei	sponsoring institution in order to work at the college
<input type="checkbox"/> H-1B, <input type="checkbox"/> O-1 Visa <input type="checkbox"/> Refugee, <input type="checkbox"/> Political Asylum Or Other (If other, please describe): _____ (SELECT ONLY ONE)	I-94 Admission Number _____ I-94 Expiration Date _____	Date of entrance to US _____ Country of Citizenship _____

Veteran Status

Protected Veteran Status - If yes, select below all those that apply						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No	None	Disabled Vet	Special Disabled Vet.	Other Protected Vet.	Military Separation Date
					<input type="checkbox"/> Armed Forces Service Medal Vet	<input type="checkbox"/> Vietnam Era Vet

Military Service Status (select only one)

<input type="checkbox"/> None	<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Active National Guard	<input type="checkbox"/> Active Military Duty
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Disability Status (select only one)		
<input type="checkbox"/> Yes, I have a disability (or previously had a disability)	<input type="checkbox"/> No, I do not have a disability	<input type="checkbox"/> I do not wish to answer

Education*					
(Indicate highest grade completed or degree earned. Degrees in progress should be noted with a "P")	Degree**	Specialization	Month/Year	College/ Institution	Is this a Terminal Degree*** Yes or No?

*Degree information is required for all non-state paid individuals identified as Contributing Instructors

** Please attach a copy of your degree/diploma when you return the Person Data Sheet.

*** Doctoral degrees (Ed.D, Ph.D, J.D., etc.), all MFA and MBAs are considered terminal degrees

Professional Licenses or Certificate Programs: _____

Hispanic/Latinx:	<input type="checkbox"/> Yes or <input type="checkbox"/> No
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Race/Ethnicity Status	
(Please select all that apply – see below for descriptions)	<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native

Race/Ethnicity -

American Indian/Alaskan Native - All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.

Asian Americans - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black (Not of Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa.

Hispanic or Latinx - All persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian/Other Pacific Islander - All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (Not of Hispanic Origin) - All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

NYS EMPLOYMENT & RETIREMENT STATUS	
Are you employed by another NYS Agency <input type="checkbox"/> Yes or <input type="checkbox"/> No (Select only One)	Have you retired from NYS Service <input type="checkbox"/> Yes or <input type="checkbox"/> No (Select only One)

EMPLOYEE SIGNATURE
REV. 07/12/2021

DATE