STATE UNIVERSITY OF NEW YORK - PURCHASE COLLEGE

EMPLOYEE DATA SHEET

Answer all questions. Circle answer(s) where choices are provided.

| <u>Legal</u> Name: | | | | | | | | | | | | | | | |
|--|--------|-------|------------|---|--|-----------------------------|-----------------------|-------------------------|--------------------|---|----------------------------|-------------------------------|-----------------|----------------|------------|
| | | | Salutation | | | First | | | Middle | | Last | | | | |
| | | | | 0.1 | Street # or P.O. Box Street Address Apartment Number | | | | | | | | | | |
| | | | | Stre | et # or | Р.О. Во | O. Box Street Address | | | | SS | Apartment Number | | | ent Number |
| Address: | | | | | | Ci | City S | | | | State | Zip | | County | |
| | | | | Home #: () | | | - Cell #: | | | | Fmail | Email | | county | |
| | | | | | | First | | Cell #: () - | | | | Linun | | | |
| | | | | Name | ne: | | | | | ··· | | | | | |
| | | | | | _ | | | | | | | | | | |
| Emerge | ency C | onta | ct: | Address | | Street # or P.O. Box Street | | | | t Addre | | Apartment Number | | | |
| 0 | 2 | | | | - | City | | | | | State | | | ip | County |
| | | | Hom | e #: | City | | Cell | 11 #: | | | Relationship: | | P | County | |
| Employee Birth Date: | | | | / | / | | | | Sex: | | Femal | e | | Male | |
| | | | | If | no, No | n-Citize | nship Ty | se (cir | cle or | ne – all related | l data for | r each field | must be | com | bleted) |
| T.C. | | 7 | | If no, Non-Citizenship Type (circle one – all related data for each field must be a manent Resident (PR) Permanent Resident Card Number: | | | | | | | | | | | |
| U.S. Citizen | Yes | No | | Conditional PR (CR | | | (CR) A# | | | | | Permanent Resident C | | | |
| | | | • | RCLE E) <u>or</u> | ONLY | Y Country of Citizenship: | | | | | Expiration Date// | | | | |
| | | | | | Employment Authorization | | | | rization Card | d | | | | | |
| | | | | loyment | | | Number: | | | | | Employment Authorization Card | | | |
| Auth | | | orizati | on Card | d Country of Citizenship: | | | | | Expiration Date// | | | | | |
| Non- Citizen with USA Visa | | | | | | | | | | | | | | | |
| F-1 or J-1 Visa (CIRCLE ONLY ONE) | | | | I-94 Admission Number | | | | | I-20 or DS-2019 #: | | | | | | |
| | | | | | | Expiration Date// | | | | I-20 | I-20 or DS-2019 Exp. Date/ | | | _/_/ | |
| | | | | Date of entrance to US// | | | | | | Coun | Country of Citizenship | | | | |
| H-1B, O-1 Visa | | | | | I-94 Admission Number | | | | | Date of entrance to US// | | | | | |
| Refugee, Political Asylum Or Other (If other, please desc | | | | scribe): I-94 Expiration Date// Country of C | | | | | | try of Citiz | izenship | | | | |
| (CIRCLE ONLY ONE) | | | | - | | | | | | | | | | | |
| Protected Veteran Status - If yes, circle below all those that apply | | | | | | | | | | | | | | | |
| T 7 / | Yes | es No | | | Pro Spect | | | | | s - I f yes, circl and Forces | | | nose that apply | | |
| Veteran | | | Non | | sabled teran | Disable Veterar | ed Protected Serv | | | ice Medal Viet Era | | Mulifary Sonaration Dat | | tion Date _ | |
| Military Service Status (CIRCLE ONLY ONE) | | | | None | e ACTIVE RESERVE | | | Active National Guard A | | Active | Active Military Duty | | | | |

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EMPLOYEE DATA SHEET

Answer all questions. Circle answer(s) where choices are provided.

| Disability Status (Circle one only) | Yes, I have a d | isability (or previously had a | a disability) | Ν | No, I do not have a disability | I do not wish to answer | | |
|---|-----------------|--------------------------------|---------------|-----|-----------------------------------|-------------------------|--|--|
| Education: (Indicate highest grade completed or degree | Degree* | Specialization | Month/Y | ear | College/ Institution | | | |
| earned. Degrees in progress should be noted with a "P") | 1 | | | | | | | |

* Please provide your department or Human Resources with a copy of your degree/diploma when you return the Employee Date Sheet so that it can be placed in your HR file

Professional Licenses or Certificate Programs: _

| Race/Ethnicity: (<i>Please circle</i> <u>all</u> that apply – see below for descriptions) | | | | | | | | | |
|---|----------------------------------|-------------------|--|--|--|--|--|--|--|
| Hispanic/Latino – Yes or No? | | | | | | | | | |
| Black or African American | Asian | White | | | | | | | |
| Native Hawaiian or Other Pacific Islander | American Indian or Alaska Native | Two or more races | | | | | | | |

Employee Signature

| | d by another NYS Agency? CLE ONLY ONE) | Have you retired from NYS Service? YES OR NO (CIRCLE ONLY ONE) |
|--|--|---|
|--|--|---|

Date

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 Latino - 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.

Persons of Two or More Races - All persons who identify with two or more of the above race categories.

REV. 12/27/2016