**TO BE COMPLETED BY EMPLOYEE**

**GLENVILLE STATE COLLEGE PERSONAL DATA FORM**

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| **Name as it appears on Social Security Card:** Prefix: ☐Doctor ☐Miss ☐Mister ☐Mrs. ☐Ms.  First Middle Last Suffix Preferred Name SSN  Date of Birth Country of Birth | |
| **Home Address:**  Address City State County Zip | **Mailing Address (if different from Home Address):**  Address City State County Zip |
| **Contact Information:**  Home \_ Cell Personal E-Mail Other | |
| **Highest Education Level:**  ☐Less than High School Grad ☐ Bachelor’s Degree  ☐ High School Grad/Equivalent ☐ Some Graduate School  ☐ Some College ☐ Master’s Level Degree  ☐ Educational Specialist ☐ Doctorate (Academic)  ☐ Technical School ☐Doctorate (Professional)  ☐ 2 Year College Degree ☐ Post-Doctorate | **Gender:** ☐Male ☐ Female |
| **Marital Status:** \*Status Date  ☐ Single ☐Married\* ☐Divorced ☐Widowed\* |
| **Ethnicity (voluntary):**  ☐ American Indian/Alaskan Native (not Hispanic or Latino)  ☐ Asian Pacific Islander (not Hispanic or Latino)  ☐ Hispanic or Latino  ☐ Black or African American (not Hispanic or Latino)  ☐ White (not Hispanic or Latino)  ☐ Two or More Races (not Hispanic or Latino)  ☐ Other  ☐ Not Disclosed |
| **Military Status (voluntary):**  ☐ Not a Veteran ☐ Recently Separated Veteran  ☐ Active Reserve ☐ Other Protected Veteran  ☐ Vietnam Era Veteran ☐ Special Disabled Veteran |
| **Disability Status (voluntary):**  ☐ Disabled ☐ Not disabled ☐ Undisclosed |
| **Citizenship Status:**  ☐ Citizen or national of the United States ☐ A Lawful Permanent Resident ☐ Non-Resident Alien authorized to work in the United States | |
| **Emergency Contact Information:**  Name Relationship Telephone Number Name Relationship Telephone Number | |

**I understand that any changes to Personal Data indicated on this form should be reported to Human Resources within 14 days of the change.**

**Signature Date**

Additional notes:

HR-10/2018