**TO BE COMPLETED BY EMPLOYEE**

**GLENVILLE STATE COLLEGE PERSONAL DATA FORM**

|  |
| --- |
| **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