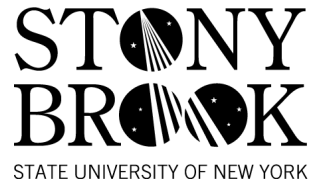


# Employee Demographic Data Form



**Instructions:**

1. New Employees Complete Parts 1, 2, 3, 5, 6, 7, 8 & 9 and return to your department.
2. Current Employees Complete Part 1 & 9, then only those items that need to be updated or changed.
3. Forward form to your department for processing.

## Part 1 Identification/Status

<input type="checkbox"/> New Employee <input type="checkbox"/> Re-Hire <input type="checkbox"/> Change/Update Data			
Employee's Name (Last Name, First Name, MI) as they appear on your Social Security Card. For Name Changes use form HRSF0046 (Request to Change Primary/Legal Name):		Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> _____	Suffix: <input type="checkbox"/> II <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> _____ <input type="checkbox"/> Jr.
SBID #:	Social Security Number:		

## Part 2 Employee Contact Information

Permanent Address:		City:	County:
State:	Zip:	Country:	Phone Number:
Mailing Address (if different):		City:	County:
State:	Zip:	Country:	
Phone:	Cell Phone:	Fax:	
Email:			

## Part 3 Affirmative Action Information

<i>(New York State Policy Permits Eliciting This Information Following Appointment.)</i>			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law	Employee's Birth Date (MM/DD/YYYY):	Birth Country:
Are you Hispanic or Latino? <input type="checkbox"/> Yes or <input type="checkbox"/> No - if Yes select from the following list: <input type="checkbox"/> Hispanic/Latino Central America <input type="checkbox"/> Hispanic/Latino Dominican <input type="checkbox"/> Other Spanish Culture <input type="checkbox"/> Hispanic/Latino Mexican <input type="checkbox"/> Hispanic/Latino Puerto Rican <input type="checkbox"/> Hispanic/Latino South America <input type="checkbox"/> Hispanic Latino Cuban Please select one or more racial categories: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Citizenship Status: <input type="checkbox"/> US Citizen Birth (Native) <input type="checkbox"/> US Citizen Naturalized <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non Resident Alien - Visa Type: _____ Exp. Date: _____	
If you wish to voluntarily self identify your US Veteran status please indicate: <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Vietnam Era Veteran    Military Discharge Date: _____ <input type="checkbox"/> Other Protected Veteran	Disability (Optional): <input type="checkbox"/> None <input type="checkbox"/> Mobility <input type="checkbox"/> Learning <input type="checkbox"/> Multiple Impairments <input type="checkbox"/> Blind <input type="checkbox"/> Other Voluntary Firefighter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired Public Employee: Are you a retiree of any public employer in the State/City of New York? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Part 4 Office Address and Phone

<i>This information will be published in the Faculty Staff Directory</i> New employees <b>DO NOT</b> complete this section. The department will complete it for you.			
Building:	Zip+4:	HSC/UH Floor:	Room #:
Office Phone:	Office Phone 2:	Office Fax:	Pager Number:

## Part 5 Skills/Credentials

Language Skills (Optional):
ID Badge Data (Credentials):

## Part 6 Emergency Contact

<i>If needed, more than one contact may be listed. International faculty and staff please include a local contact.</i>	
Contact Name (Last, First):	Contact Phone Number:
Relationship to employee (Optional):	
Contact Name (Last, First):	Contact Phone Number:
Relationship to employee (Optional):	

## Part 7 Prior NYS/RF Employment

Are you now or have you ever been employed by a New York State Agency or The State University of New York? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Name of Agency/Campus:	Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):
Are you currently employed by the Research Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied or attended Stony Brook University as a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Part 8 Education

Diploma/Degree:	Year Earned:	Major:
School, University or College:	School Address (City, State, Country):	
Diploma/Degree:	Year Earned:	Major:
School, University or College:	School Address (City, State, Country):	

## Part 9 Additional Documents Required for Appointment

(Departments Please indicate additional information required from the employee)	
<input type="checkbox"/> Valid New York State Driver's License	<input type="checkbox"/> Copy of Degree
<input type="checkbox"/> Valid NYS Commercial Driver's License	<input type="checkbox"/> Copy of License/Professional Certification
<input type="checkbox"/> Other: _____	

## Part 10 Certification

I certify the information, which I have provided, is complete and accurate to the best of my knowledge.	
_____	_____
Employee Signature	Date