

Personal Data Form

Last Name: _____	First Name: _____	MI: _____
Preferred First Name: _____		
Permanent Address:	_____	
(Where paycheck will be mailed)	_____	
Mailing Address:	_____	
check here if <input type="checkbox"/>	_____	
same as above	_____	
Phone Number(s)	Home <input type="checkbox"/>	Work <input type="checkbox"/> Cell <input type="checkbox"/>
	Home <input type="checkbox"/>	Work <input type="checkbox"/> Cell <input type="checkbox"/>
PERSONAL INFORMATION		
Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/> N/A <input type="checkbox"/>	Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
SSN: _____	* If you selected "No", please specify your Visa Type:	
DOB: _____ <input type="checkbox"/>	F-1 <input type="checkbox"/>	J-1 <input type="checkbox"/> H-1 <input type="checkbox"/> Other: <input type="checkbox"/>
	If other, please describe: _____	
	Expiration Date: _____	Alien Reg. #: _____
Please select your marital status:		
Single <input type="checkbox"/>	Married <input type="checkbox"/>	
Domestic Partner <input type="checkbox"/>	Divorced <input type="checkbox"/>	
Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Are you Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please select one or more of the following races (See Appendix A to choose from more specific races):		
White (Not Hispanic or Latino)	<input type="checkbox"/>	
Black or African American (Not Hispanic or Latino)	<input type="checkbox"/>	
Asian (Not Hispanic or Latino)	<input type="checkbox"/>	
Native American or Pacific Islander (Not Hispanic or Latino)	<input type="checkbox"/>	
American Indian or Alaskan Native (Not Hispanic or Latino)	<input type="checkbox"/>	
Two or More Races (Not Hispanic or Latino)	<input type="checkbox"/>	
Emergency Contact: _____	Phone Number: _____	
Relationship: _____	Add'l Number (opt.): _____	
Campus:	Valhalla <input type="checkbox"/>	White Plains <input type="checkbox"/> Pleasantville <input type="checkbox"/> Midtown <input type="checkbox"/> Downtown <input type="checkbox"/>
Home Department: _____		
Please select your employee class:		
Full Time Faculty <input type="checkbox"/>	Graduate Assistant <input type="checkbox"/>	Retiree <input type="checkbox"/>
Part Time Faculty <input type="checkbox"/>	Full Time Staff <input type="checkbox"/>	
Student Assistant <input type="checkbox"/>	Part Time Staff <input type="checkbox"/>	

I certify that the information I have given is true and correct to the best of my knowledge.

Signature: _____

Date: _____

