SMU | Department of Human Resources

Employee Personal Data Information
(Staff / Post Doctoral)

Employee Legal Name: Legal name as it appears on your Social Security Card			
Last Name:	**First Name:**	**Middle Name:**	**SMU ID#:**
Preferred Name:			
Last Name:	**First Name:**	**Middle Name:**	
Date of Birth:	**Sex:** ☐ Male ☐ Female	**Marital Status:** ☐ Single ☐ Married	**Social Security Number:**

Highest Education Level:

☐ Less Than HS
☐ 2-Yr College Degree
☐ Doctorate (Academic)
☐ HS Grad or Equivalent
☐ Bachelor's Level Degree
☐ Doctorate (Professional)
☐ Some College
☐ Some Graduate School
☐ Technical School
☐ Master's Level Degree

Home Address:			
Number and Street:	**City:**	**State:**	**Zip Code:**

Phone Numbers:	
Home:	**Cell:**

Emergency Contact Information:		
Name:	**Relationship:**	**Phone Number:**

Citizen Status:	**Country of Citizenship:**	**Visa Information (if applicable):**
☐ U.S. Citizen ☐ Permanent Resident ☐ Non-Resident Alien		☐ F-1 ☐ J-1 ☐ H-1 ☐ Other _____

Referral Source:

☐ American Library Association
☐ Dallas Morning News
☐ Hispanic Outlook
☐ Monster
☐ Yahoo Hot Jobs
☐ CareerBuilder
☐ Diverse Issues in Higher Education
☐ HEUG.Online
☐ NCAA
☐ Other: (Specify below)
_____
☐ Chronicle of Higher Education
☐ EDUCAUSE
☐ Journal of Blacks in Higher Ed
☐ Opps 501 – Center for Non-Profit
☐ Current Employee: (Specify below)
_____
☐ Craigslist
☐ HigherEdJobs.com
☐ Job Fair
☐ SMU Website

Are you able to perform all essential functions of this job? ☐ Yes ☐ No

Do you have a relative employed by SMU? ☐ Yes ☐ No
If yes, please give the relative's name, relationship and position.

_____

Will you be working in the same area as your relative? ☐ Yes ☐ No

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Race/Ethnicity:

Do you consider yourself to be Hispanic/Latino(a)? ☐ Yes ☐ No

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

In addition, select one or more of the following racial categories to describe yourself. If, you select two or more racial categories, please select one as primary.

Racial Categories	Primary	Definition
☐ American Indian or Alaska Native	☐	**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
☐ Asian	☐	**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ Black or African American	☐	**Black or African American**: A person having origins in any of the black racial groups of Africa.
☐ Native Hawaiian or Pacific Islander	☐	**Native Hawaiian or Other Pacific Islander**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ White	☐	**White**: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability and Veteran Status:

SMU is an equal opportunity and affirmative action employer. This confidential information is voluntary and requested for Federal reporting purposes. To request a reasonable accommodation on the basis of a disability, please contact the Office of Institutional Access and Equity located in Perkins Administration Building 204 (www.smu.edu/aao).

☐ Individual with a Disability

Individual with a Disability – An individual with a disability is person who has a physical or mental impairment that substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment.

Veteran Status: (Please select all that apply)	
☐ Armed Forces Service Medal Veteran	**Armed Forces Service Medal Veteran:** Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).
☐ Disabled Veteran	**Disabled Veteran:** A veteran of the U.S. military, ground, naval, or air service, who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of the Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.
☐ Other Protected Veteran	**Other Protected Veteran:** A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.
☐ Recently Separated Veteran (Date of military discharge: ____/____/_____)	**Recently Separated Veteran**: Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

I certify that statements I have made in this employee personal data information form are true, complete and correct to the best of my knowledge and belief.

_____ _____

Signature **Date**