

**PLEASE PRINT ALL REQUESTED INFORMATION IN BLACK OR BLUE INK**

SOCIAL SECURITY #	NAME: (First, MI, Last Suffix)
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MAILING ADDRESS: (Street, Apt., P.O. Box)

CITY:	STATE:	ZIP CODE:	COUNTY OF RESIDENCE:
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**EMPLOYEE INFORMATION**

HOME PHONE: ( ) ( )	check if unlisted <input type="checkbox"/>	DATE OF BIRTH: (MM/DD/YR)	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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**FOR OFFICE USE ONLY**

I-9 DATE:

MARITAL STATUS:

Single - S    Married - M    Divorced - D    Widowed - W    Legally Separated - L

RACE/ETHNICITY:  
*Choose all that apply*  
*Definitions on Reverse Side*

American Indian or Alaska Native - N    Asian - A    Black or African American - B    Hispanic or Latino - H    Native Hawaiian or other Pacific Islander - P    White - W

WITH WHICH RACE/ETHNICITY DO YOU PRIMARILY IDENTIFY?  
CHOOSE **ONE**

American Indian or Alaska Native - N    Asian - A    Black or African American - B    Hispanic or Latino - H    Native Hawaiian or other Pacific Islander - P    White - W

DISABILITY STATUS:  Not Disabled - ND

Legally Blind - BL    Visually Impaired - VI    Multiple Impairment - MU    Acoustically Impaired - AI    Mobility Impaired - MI    Learning Disabled - LD    Other Impairment - OI

VETERAN STATUS:  Non Veteran (N)    Veteran - Date of Discharge: \_\_\_\_\_

*Choose all that apply*

Vietnam Era Veteran (V)    Other Protected Veteran (O)

Disabled Veteran (D)    Armed Forces Service Medal Veteran (M)

*Definitions on Reverse Side*

MILITARY STATUS CODES:  Active Reserve (R)    National Guard Active (G)

ARE YOU A VOLUNTEER FIREFIGHTER?  NO    YES

U.S. CITIZENSHIP STATUS:  U.S. Citizen - C    Non U.S. Citizen - NC (If "Non U.S. Citizen", complete the following)

Country of Citizenship: \_\_\_\_\_ Work Authorization Type:  Permanent Resident - PR    F-1    J-1    H-1    Other: \_\_\_\_\_

VISA Expiration Date: (MM/DD/YYYY) \_\_\_\_\_

HIGHEST EDUCATION LEVEL: (indicate highest level of education completed TO DATE)

Less than High School - (H-)

High School Graduate/GED - (HS)

High School Plus, Some Additional Training - (H+)

Technical School - (TS)

Associate's Degree - (AS)

Bachelor's Degree - (BA)

Some Graduate Work - (GR)

Master's Degree - (MA)

Professional Degree (M.D., J.M, at.) - (PR)

Doctoral Degree (Ph.D., Ed.D., etc.) - (DO)

COMPLETE THE FOLLOWING IF ASSOCIATE'S DEGREE OR HIGHER

Year Graduated	Specialization or Major
Degree Abbreviation	Degree Name
Institution/School Name and Address	

DO YOU HAVE ANY RELATIVES, INCLUDING SPOUSE, EMPLOYED AT THE UPSTATE MEDICAL UNIVERSITY/UNIVERSITY HOSPITAL?  NO    YES (If "YES", complete the following)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY A SCHOOL, COUNTY, MUNICIPAL, STATE AGENCY, THE RESEARCH FOUNDATION OF SUNY, INCLUDING THE UPSTATE MEDICAL UNIVERSITY/UNIVERSITY HOSPITAL  NO    YES (If "YES", complete the following)

Agency: \_\_\_\_\_ Position Held: \_\_\_\_\_

Last date of work: \_\_\_\_\_ Name used while employed: \_\_\_\_\_

ARE YOU A MEMBER OF ANY OF THE FOLLOWING RETIREMENT SYSTEMS?  NO    YES (If "YES", check and complete the following as appropriate)

<input type="checkbox"/> Employees' Retirement System (ERS)	<input type="checkbox"/> Teachers' Retirement System (TRS)	<input type="checkbox"/> TIAA/CREF	<input type="checkbox"/> ING, MetLife or VALIC
REG #	REG #	Contract #	Contract #

EMERGENCY CONTACT:

Name:	Day Phone #:	Relationship
Address:	Evening Phone #:	Cell Phone #:

I CERTIFY THAT MY RESPONSES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND HEREBY AUTHORIZE THE INVESTIGATION OF ALL INFORMATION CONTAINED HEREIN. FURTHER, I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR MAY BE CAUSE FOR TERMINATION OF MY EMPLOYMENT WITH THE UPSTATE MEDICAL UNIVERSITY/UNIVERSITY HOSPITAL.

SIGNATURE

DATE

## DEFINITIONS OF RACE/ETHNICITY

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**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 a tribal affiliation or community attachment.

**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:** A person having origins in any of the Black racial groups of Africa.

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

**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:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Middle East includes: Egypt, Syria, Israel, Lebanon, Jordan, Iraq, Saudi Arabia, Kuwait, Bahrain, and Qatar.)

## DEFINITIONS OF VETERANS

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**Armed Forces Services Medal Veteran:** a 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 Services Medal was awarded pursuant to Executive Order 12985. A veteran's discharge form (DD Form 214) indicates whether a veteran received a service medal.

**Disabled Veteran:** (i) 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 Veterans' Affairs or (ii) a person who was discharged or released from active duty because of a service connected disability.

**Vietnam Era Veteran:** a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

**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.