



EMPLOYEE PROFILE

Part Time Lecturers, Students, GTA/GRA Employees

The voluntary information requested below is needed in order to comply with reports required by public agencies to evaluate our efforts toward providing equal employment opportunities to all individuals. Your answers to these questions will not in any way adversely affect your current position but we hope that you will assist us in meeting our reporting requirements.

SOCIAL SECURITY #	NAME (PRE)	(FIRST)	(MI)	(LAST)	(SUF)
STREET ADDRESS		CITY, STATE		ZIP	COUNTY

HOME PHONE: (____) ____ - ____ BIRTHDATE: ____/____/____ SPOUSE: _____

<p>SEX</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>MARITAL STATUS</p> <p><input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED</p>	<p>ETHNICITY/RACE</p> <p>ARE YOU HISPANIC OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>SELECT ONE OR MORE RACES:</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE</p> <p>CITIZENSHIP/COUNTRY</p> <p><input type="checkbox"/> USA <input type="checkbox"/> OTHER _____</p> <p>NON-US CITIZEN MUST ENTER VISA APPROVED PASSPORT INFORMATION</p> <p>VISA TYPE _____ EXPIRATION DATE _____ ADMISSION# _____</p>
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EMERGENCY CONTACT - PRIMARY

NAME _____
ADDRESS _____

RELATIONSHIP _____
TELEPHONE # (____) ____ - _____

EMERGENCY CONTACT - SECONDARY

NAME _____
ADDRESS _____

RELATIONSHIP _____
TELEPHONE # (____) ____ - _____

SIGNATURE

DATE