

## UAH - EMPLOYEE PROFILE

<b>BANNER ID - (A#)</b>				
<b>SSN</b>		<b>PRE NAME (FIRST)</b>	<b>MI (LAST)</b>	
<b>STREET ADDRESS</b>		<b>CITY, STATE</b>	<b>ZIP</b>	
<b>HOME PHONE</b>		<b>BIRTHDATE</b>	<b>SPOUSE</b>	
Previously employed by UAH: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If yes, please indicate your employment classification(s):</span> <input type="checkbox"/> FACULTY <input type="checkbox"/> STUDENT <input type="checkbox"/> PT/LECTURER <input type="checkbox"/> STAFF <input type="checkbox"/> GTA/GRA <input type="checkbox"/> OTHER PERSONNEL				
<b>SEX</b>	<b>MARITAL STATUS</b>	<b>ETHNICITY/RACE</b>		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	Are you Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO Select one or more races: <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE		
<b>DISABILITY STATUS</b>		<b>MEDICAL LIMITATIONS</b>		
<input type="checkbox"/> NONE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> SEMI-AMBULATORY <input type="checkbox"/> SIGHT <input type="checkbox"/> HEARING <input type="checkbox"/> OTHER _____	<input type="checkbox"/> SPEECH <input type="checkbox"/> LEARNING <input type="checkbox"/> MENTAL/PSYCHOLOGICAL <input type="checkbox"/> COORDINATION	<input type="checkbox"/> NONE <input type="checkbox"/> BLIND <input type="checkbox"/> CARDIOPULMONARY STRESS <input type="checkbox"/> DIABETIC <input type="checkbox"/> EPILEPTIC <input type="checkbox"/> HEARING IMPAIRED <input type="checkbox"/> OTHER _____	<input type="checkbox"/> HEART CONDITION <input type="checkbox"/> PARAPLEGIC <input type="checkbox"/> PROSTHETIC LIMB <input type="checkbox"/> QUADRIPLEGIC <input type="checkbox"/> NO HEAVY LIFTING <input type="checkbox"/> NO CHEMICAL INHALATION	
<b>VETERAN STATUS</b>		<b>MILITARY RESERVE STATUS</b>		
<input type="checkbox"/> VIETNAM VETERAN ONLY <input type="checkbox"/> BOTH VIETNAM AND OTHER ELIGIBLE VETERAN <input type="checkbox"/> OTHER PROTECTED VETERAN ONLY <input type="checkbox"/> SPECIAL DISABLED		<input type="checkbox"/> NOT IN RESERVE <input type="checkbox"/> ACTIVE RESERVE SEPARATION DATE: _____ <input type="checkbox"/> INACTIVE RESERVE <input type="checkbox"/> INACTIVE RESERVE SUBJECT TO CALL UP		
<b>CITIZENSHIP/COUNTRY</b>		<b>NON-US CITIZEN MUST ENTER INFORMATION BELOW:</b>		
<input type="checkbox"/> USA <input type="checkbox"/> OTHER _____		VISA TYPE _____ EXPIRATION DATE _____ ADMISSION NUMBER _____		
<b>EMERGENCY CONTACTS</b>		<b>EDUCATION</b>		
<b>PRIMARY</b> NAME _____ ADDRESS _____ RELATIONSHIP _____ TELEPHONE # 1 (____) _____ - _____ TELEPHONE # 2 (____) _____ - _____		HIGHEST DEGREE AWARDED _____ DEGREE DATE(MM/DD/YY) _____ DEGREE INSTITUTION _____ INSTITUTION LOCATION (City/State) _____ MAJOR _____		
<b>SECONDARY</b> NAME _____ ADDRESS _____ RELATIONSHIP _____ TELEPHONE # (____) _____ - _____		<b>DEPENDENTS</b>		
		<b>LIST DEPENDENT CHILDREN THAT ARE UNMARRIED, LESS THAN AGE 26.</b>		
		<b>NAME</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>
		SPOUSE	M F	_____
		CHILD	M F	_____
		CHILD	M F	_____
CHILD	M F	_____		
CHILD	M F	_____		
CHILD	M F	_____		
<b>SIGNATURE</b>		<b>DATE</b>		
		HRS USE ONLY: Banner Entered: _____ I-9 Completed: _____ Adj Srvc Dte: _____ Revised 6/17/14		