

****WHEN COMPLETING ONLINE: PLEASE
PRINT ON YELLOW PAPER****

**THE COLLEGE AT BROCKPORT
HUMAN RESOURCE MANAGEMENT SYSTEM INFORMATION**

SSN:		TITLE OF POSITION:			DATE OF APPOINTMENT:	
LEGAL NAME: Salu (Pick One)		First	Middle	Last	Suffix	
BIRTHDATE:			GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			
U.S. CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No			COUNTRY OF BIRTH:			
IF NON - U.S. CITIZEN:						
Country of Citizenship			Visa Type		Work Authorization Expiration Date:	

EDUCATION LEVEL

- EL Elementary (6th grade or less)
- JR Junior High (7th to 9th grade completed)
- HS High School graduate
- AS Associates Degree
- BA Bachelor's Degree
- MA Master's Degree
- DO Doctoral Degree
- PR Professional Degree

ETHNICITY

- HISPANIC Yes No
Select all that apply.
- A American Indian or Alaska Native
 - AN Asian
 - B Black or African American
 - N Native Hawaiian and other Pacific Islanders
 - W White

DISABILITY STATUS

- ND Not Disabled
 - AI Acoustically Impaired *
 - BL Legally Blind
 - LD Learning disability
 - MI Mobility Impairment
 - MU Multiple Impairment
 - OI Other Impairment
 - VI Visually impaired *
- * (even with corrective devices)

MILITARY STATUS

- N Non Veteran
- D Disabled Veteran (receiving benefits)
- DV Disabled Viet Nam Veteran
- DVN NYS Disabled Viet Nam Veteran
- G National Guard (active)
- R Active Reserve of any Military Branch Veteran
- V Veteran
- VV Viet Nam Era Veteran (1/1/63- 5/7/75)
- VVN NYS Viet Nam Era Veteran

EXEMPT VOLUNTEER FIREPERSON: Yes No

PARTNER STATUS:

- D Divorced
- L Separated
- M Married
- P Domestic Partner
- S Single
- W Widowed

Significant other: (please enter full name and salutation)

Salu (Pick One)	First	M. I.	Last	Suffix
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HOME ADDRESS (HML) Street:	City:	State:	Zip:	Telephone: () - -
CAMPUS ADDRESS (CML) Building:	Room:	Department:	Campus Telephone : (585)- - ext.	

THREE EMERGENCY CONTACTS

(List one from your household and two from different households)

Name:	Name:
Address:	Address:
Phone Numbers (required): Home: - - Work: - -	Phone Numbers (required) Home: - - Work: - -
Relationship (if any):	Relationship (if any):
Name:	
Address:	
Phone Numbers (required) Home: - - Work: - -	
Relationship (if any)	

PRIOR SERVICE WITH THE STATE OF NEW YORK OR SUNY

1. Agency or College:	Location:
Date of Separation:	Position:
2. Agency or College:	Location:
Date of Separation:	Position:

EDUCATION DEGREES RECEIVED - PLEASE COMPLETE ALL APPROPRIATE INFORMATION

Full Name of Degree (e.g. Bachelor of Science, Master of Education, Doctor of Education)	Initial of Degree (i.e. BS, MLS)	Major	Year Received	Name and Location of School

Indicate which degree you wish to have reported as your highest:
