

Personal Information Form (PIF) Temporary/Part Time

This form must be completed by the employee and submitted to HRIM for every new hire. This information is used to create your personnel record in the University's HR information system. Individual information is treated in confidence and released only in accordance with law. Fields with an asterisk (*) are required.

NAME & HOME ADDRESS

Please enter your name as it appears on your Social Security card.

First Name* _____ Middle* _____ Last Name* _____
 Employee doesn't have a middle initial

Name Prefix none Dr. Mr. Mrs. Ms. Miss Preferred Name _____
 (For campus directory)

Name Suffix none I II III IV Esq. PhD Sr. Md Jr.

Permanent Address* _____
 City* _____ State* _____ Postal/Zip* _____ Country* _____
 Home Phone* _____ Other Phone _____ Home E-mail Address _____

BIOGRAPHICAL INFORMATION

Gender* Male Female Date of Birth* _____ Country of Birth* _____
mm/dd/yyyy

Primary Ethnic Self-Identification* _____ Military Status _____

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino

Primary Racial Self-Identification*

- Asian - Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent
- Black or African American - Having origins in any of the black racial groups of Africa
- White or Caucasian - Having origins in any of the original peoples of Europe, the Middle East, or North Africa
- American Indian or Alaska Native - Having origins in any of the original peoples of the original peoples of North, Central, or South America, and maintaining tribal affiliation or community attachment.

Tribal Affiliation _____

- Native Hawaiian or Other Pacific Islander - Having origins in the original peoples of Hawaii, Guam, Samoa, or Pacific Islands

OTHER INFORMATION

Highest Education Level _____

Disability Status Disabled Disabled Veteran Marital Status Married Single

NCSU BUSINESS/CAMPUS LOCATION

NCSU E-mail Address* _____ Home Department* _____
 Building* _____ Room #* _____ Campus Box #* _____ Primary Business Phone _____

OTHER ADDRESS OR LOCATION (such as a dorm or local address if different from above)

Other Address _____ Country _____
Other address, City, State, Zip Code

Other Phone _____ Other Cell or Pager _____ Other E-mail Address _____

EDUCATION

Start with the MOST RECENT or HIGHEST DEGREE AWARDED

Institution*	_____	City, State, Country*	_____
Number of years completed*	_____	Degree Awarded?* <input type="radio"/> Yes <input type="radio"/> No	If awarded: Degree, Month & Year _____ Major Field of study _____
Institution	_____	City, State, Country	_____
Number of years completed	_____	Degree Awarded? <input type="radio"/> Yes <input type="radio"/> No	If awarded: Degree, Month & Year _____ Major Field of study _____

CITIZENSHIP STATUS* (Select One)

- Native or naturalized citizen of the U.S.
- Lawful permanent resident of the U.S.
- Foreign National/Non-Resident Alien, authorized to work in the U.S.

Country of Citizenship	_____	VISA type	_____
Country of Birth	_____	VISA valid until	_____

PREVIOUS NORTH CAROLINA EXPERIENCE

Have you ever previously worked for NC State University?*	<input type="radio"/> Yes <input type="radio"/> No	If yes, dates worked	_____
Have you ever previously worked for another UNC System Institution?*	<input type="radio"/> Yes <input type="radio"/> No	If yes, dates and institution	_____
Have you ever previously worked for the State of North Carolina?*	<input type="radio"/> Yes <input type="radio"/> No	If yes, dates and agency	_____
Have you ever been enrolled as a student at NC State University?*	<input type="radio"/> Yes <input type="radio"/> No	If yes, dates enrolled	_____

Retirement Status*

Are you a retired employee of the State of North Carolina? Yes No
If so, please identify which of the following (if any) best describes you

- Are you a retiree of **NCSU** that is receiving a retirement benefit from Teachers' and State Employees Retirement System (**TSERS**) or the Law Enforcement Officers Retirement System (**LEORS**)
- Are you a retiree of **NCSU** that is receiving a retirement benefit through the Optional Retirement Program (**ORP**).
- Are you a retiree of another **UNC System** institution that is receiving a retirement benefit through the Optional Retirement Program (**ORP**)
- Are you a retiree of another **State of North Carolina agency** or **UNC System** institution that is receiving a retirement benefit from the Teachers' and State Employees Retirement System (**TSERS**) or the Law Enforcement Officers Retirement System (**LEORS**).

SELECTIVE SERVICE STATUS* (Required under NC Gen Statutes 143B-421.1)

Do you certify that you are registered with the U.S. selective service?* Yes No

If **NO**, is it because: *(select one or more)*

You are female? Yes No

You have not yet reached your 18th birthday? Yes No

You are 26 years of age or older? Yes No

You are a lawful non-immigrant alien? Yes No

You are a permanent resident of the Trust Territory of the Pacific Islands of the Northern Mariana Islands? Yes No

You are in the U.S. armed services on active duty? Yes No

PERSONAL INFORMATION

Emergency Contact

Name _____ Phone _____ Relation _____

Are you related, by blood or marriage, to any employee of NC State University? Yes No _____

If yes, please give name and title of relative(s), and your family relationship to them.

SIGNATURE

I certify that the required (*) information provided on this form is accurate and that misrepresentation or omission of material fact(s) represents grounds for employment action, up to and including separation from employment, if discovered at a later date. I authorize NC State University to investigate and verify, without liability, all statements provided on this form.

Employee _____ Date _____

HR Use Only
EMPLID _____