

## Biographical Data Sheet for Employees This form must be completed by the employee. See "Important Instructions" tab in the top left for further information.

This information is used to create your personnel record in accordance with state and federal laws.

|  | Employment S   | status                  |  |                              |
|--|--|-------------------------|--|------------------------------|
| EPA Faculty  | EPA Administrative   | □SI                     | PA (Staff)                             | Non-Student Temporary        |
| Full-Time or ¾ Time  | Part-Time  | A                       | s Needed Basis                         |                              |
| Date Employment Begins (mm/dd/yyyy)  |  |                         |  |                              |
|  | Employee Infor   | mation                  |  |                              |
| Social Security Number   |  |                         | Name Prefix 🗌 Mr                       | . 🗌 Ms. 🗌 Mrs. 🔲 Dr.         |
| Full Name (as it appears on SS card)   |  |                         | Name Suffix 🛛 Jr.                      | □ Sr. □ II □ III             |
| Preferred First Name   | Em   | ail Addre               | ess                                    |                              |
| Address  |  | City                    | S                                      | State Zip                    |
| Home Telephone   | Mobile Telephone   |                         | List in Campus Direc                   | ctory?  Yes No               |
| Department Where Employed  |  |                         | Campus Telephone                       |                              |
| Sex 🗌 Male 🗌 Female  |  |                         | Marital Status: 🗌 S                    | ingle 🗌 Married 🗌 Other      |
| Date of Birth (mm/dd/yyyy)   |  |                         | Place of Birth                         |                              |
| Have you ever retired from any North Car   | <u> </u>   | res 🗌 No                |  |                              |
|  | ce Status (Required under  |                         | _                                      | 421.1)                       |
| Do you certify that you are registered with  | the US Selective Service?  | 🗌 Yes                   | L No                                   |                              |
| If you answered No, please indicate why y<br>I am female. (Note: Females are not i<br>I am in the armed services on active o<br>I am under the age of 18 years.<br>I was born before 1960.<br>I am a permanent resident of the Trus<br>I am a non-immigrant alien.   | required to register with the Sele<br>duty (Note: members of the Res | ective Ser<br>erves and | vice System)<br>I National Guard are n |                              |
|  | Citizenshi   | р                       |  |                              |
| United States Non-Resident Foreig  |  |                         | intry of Citizenship:                  |                              |
|  | Race/Ethnic  |                         |  |                              |
| Race: (Select one or more)   | culture, regardless of race.)  | 🗌 Yes                   | 🗌 No                                   |                              |
| <b>White:</b> (A person having origins in any  | of the original peoples of Europ                                     | pe, the Mi              | ddle East, or North Afr                | ica.)                        |
| Black or African American: (A perso  | n having origins in any of the bl                                    | lack racial             | groups of Africa.)                     |                              |
| American Indian or Alaska Native: (<br>Central America) who maintains tribal   |  |                         | inal peoples of North a                | and South America (including |
| Asian: (A person having origins in any for example, Cambodia, China, India,  |  |                         |  |                              |
| Native Hawaiian or Other Pacific Isla<br>other Pacific Islands.)   | ander: (A person having origins                                      | in any of               | the original peoples of                | Hawaii, Guam, Samoa, or      |
|  | Disability (Definitions can be                                       |                         |  |                              |
| <ul> <li>Please check this box if you believe you Disabilities Act of 1990as amended.</li> <li>Please check this box if you can performed and the provided of the prov</li></ul> | , , , , , , , , , , , , , , , , , , ,                                |                         | ·                                      |                              |
| If you are in need of reasonable accom<br>Services at 828-262-3056 or visit: <u>www</u>  |  |                         |  | he Office of Disability      |
|  |  |                         |  | Continuo to Other Side       |

## Please Check any that Apply:

☐ Special Disabled Veteran means (i) veteran 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of Title 38, U.S.C. to have a serious employment handicap; or (ii) a person who was discharged or released from active duty because of a service-connected disability.

**Veteran of the Vietnam-era** means a person who (i) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (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 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 all other cases.

**Other Protected Veteran** means 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, under the laws administered by the Department of Defense. (For the Veterans Administration's listing of the campaigns and expeditions since World War II in which the U.S. has been engaged see <a href="http://www.opm.gov/Veterans/html/vgmedal2.htm">http://www.opm.gov/Veterans/html/vgmedal2.htm</a>.)

**Recently Separated Veteran** means any veteran during the three-year (one-year for VETS 100) period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. Separation Date / /

**Armed Forces Service Medal Veteran** means any veteran who while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation to which an Armed Forces service medal was awarded pursuant to <u>Executive Order 12985 (61 FR 1209)</u>.

Disabled Veteran means (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 administrated by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service connected disability.

| In Case        | of Emei | gency, Please Notify |       |
|----------------|---------|----------------------|-------|
| Person's Name  |         | Relationship         |       |
| Home Telephone |         | Mobile Telephone     |       |
| Address        | City    |                      | State |
| Ме             | dical A | lert Information     |       |
|                |         |                      |       |
|                |         |                      |       |

|             | <b>Degree (If Applicable)</b><br>Please begin with your highest degree awar | rded                    |
|-------------|---|-------------------------|
| Degree      | Major/Area of Degree  | Year Degree Received    |
| University  | City  | State                   |
| Degree      | Major/Area of Degree  | Year Degree Received    |
| University  | City  | State                   |
| Degree      | Major/Area of Degree  | Year Degree Received    |
| University  | City  | State                   |
| List any of | ther licenses and certifications (provide dates and                         | l sources of issuance): |
|             |   |                         |
|             |   |                         |
|             |   |                         |
|             |   |                         |
|             |   |                         |
|             |   |                         |
|             |   |                         |

**IMPORTANT:** To insure that you receive your paycheck on time, please complete this Biographical Data Sheet and Employment Packet in its entirety. If you are an **EPA Faculty or EPA Administrative employee**, please return this Biographical Data Sheet with your contract letter. You can pick up your Employment Packet at Human Resource Services or online at <u>www.hrs.appstate.edu</u>. For **SPA Employees/Staff**, please return the entire employment packet, including the Biographical Data Sheet to Human Resource Services. You can pick up an Employment Packet at Human Resource Services or online at <u>www.hrs.appstate.edu</u>. For **all New Employees**, please present this completed packet, along with appropriate, current identifications (such as drivers license **and** Social Security Card **or** an unexpired passport) to Human Resource Services, Founders Hall, for I-9 verification. If you do not have the aforementioned documents, please refer to the form I-9 for a complete list of accepted documents. For automatic deposit to be made to your checking account, please furnish a voided check (NOTE: Automatic Deposit is required for all permanent employees).

**NOTE:** Disclosure of your Social Security Number is mandatory. ASU is authorized to obtain this information pursuant to 26 United State Code, sections 3402 and 6109, and 42 United State Code, section 405. The number will be used as a personal identifier for records necessary to administration of and compliance with federal tax laws and regulations, and motor vehicle registration regulations.

## **Important Definitions:**

"The Americans with Disabilities Act of 1990" requires employers to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others.

"The Rehabilitation Act of 1973" provides that no qualified individual with a disability shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity that receives federal assistance.

"Reasonable Accommodations" provide employment opportunities for persons with disabilities who otherwise would not be able to perform the essential functions of their job, and allow employees with disabilities to perform or be more productive.

"Veteran" means a person who served in the Armed Forces of the United States on active duty, for reasons other than training, and has been discharged under other than dishonorable condition.

Signature\_\_\_\_\_

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