



Hire Data Worksheet

Note: This worksheet is for **post-offer information** gathering purposes only and is not part of the application or hiring process. *Shaded boxes are for departmental use only.*

To be completed by the employee:

Personal Information – Name

Name (Last, First, Middle):		OSU ID:
Prefix (check one): <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev.	<input type="checkbox"/> Suffix (if applicable):	

Date of Birth: ¹	Birth Country: ¹	Birth State/Province: ¹	Birth Location (city): ¹
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Personal Information – Personal Profile

Gender (check one): ¹ <input type="checkbox"/> Female <input type="checkbox"/> Male	Highest Education Level:	Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married	Social Security Number:
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Personal Information – Home Address

Home/W2 Address (Number and Street):			
City:	State:	Zip:	County:

Personal Information – Ohio State Campus Address

Location/Building:		
Street Address:		Room:
City:	Zip:	County:
Department:		Check Sort:

Phone Numbers/E-mail

Home:	Cell:	Campus:
Personal (non-Ohio State) E-mail		

¹The Ohio State University is an Affirmative Action/Equal Opportunity Employer. The university requests that you provide this information to assist the university in meeting its affirmative action, nondiscrimination objectives and in complying with federal and state regulations. Providing this information is voluntary and confidential. Failure to provide this information will not result in any adverse treatment.



Hire Data Worksheet

1. Are you Hispanic or Latino?¹ <input type="checkbox"/> Yes, I am Hispanic or Latino <input type="checkbox"/> No, I am not Hispanic or Latino	
2. What is your race? Select one or more.¹ <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	
Definitions: <u>Hispanic or Latino:</u> a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. <u>American Indian or Alaska Native:</u> a person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment. <u>Asian:</u> a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <u>Black or African American:</u> a person having origins in any of the black racial groups of Africa. <u>Native Hawaiian or Other Pacific Islander:</u> a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <u>White:</u> a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
U.S. Military Status (check one):² <input type="checkbox"/> Active Reserve <input type="checkbox"/> Campaign Badge <input type="checkbox"/> Discharged <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> No Military Service <input type="checkbox"/> Not Indicated <input type="checkbox"/> Vietnam Veteran	Self-ID Status (check all that apply):² <input type="checkbox"/> Vietnam Veteran (2) <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Campaign Badge Holder (2) <input type="checkbox"/> Recently Discharged <input type="checkbox"/> Armed Forces Service Medal <input type="checkbox"/> Disabled
Is this status being voluntarily self-identified for Affirmative Action purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No:	
Military Discharge Date:	

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²As a government contractor, The Ohio State University is subject to Section 402 of the Vietnam-era Veterans Readjustment Assistance Act of 1974 and Section 503 of the Rehabilitation Act of 1973. These regulations require the university to take affirmative action to employ and advance in employment qualified Vietnam-era veterans, disabled veterans, campaign badge holders, armed forces medal recipients, recently discharged veterans, and individuals with disabilities. If you would like to be considered under the university’s affirmative action programs, please complete this information. Submission of this information is voluntary and will be used only in accordance with the Act.

Employment Eligibility (I-9) Proof (to be completed by hiring department)
Proof A: Proof B: Proof C:

Employment Information Page

Have you been employed with Ohio State before? Department:	Have you been employed with any Ohio public agency before?* Employer Name:
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*Any employment with the State of Ohio or any of its political subdivisions is considered “Ohio public agency service” including the following:

- State agencies
- Public school systems and boards
- County and municipal agencies (Examples: city government, public libraries)
- Other Ohio public universities and colleges
- Ohio National Guard, or employment for a state military agency in a civilian capacity



Hire Data Worksheet

Emergency Contact

Contact Name:	Relationship:	Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country:			
Home Address (number and street if different from <i>Personal Information – Home Address</i> , on page 1):			
City:	State:	Zip:	County:
Phone (area code and phone number):			Other Phone Number:

Additional Emergency Contact (optional)

Contact Name:	Relationship:	Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country:			
Home Address (number and street if different from <i>Personal Information – Home Address</i> , on page 1):			
City:	State:	Zip:	County:
Phone (area code and phone number):			Other Phone Number:

Professional Education:

Country:	Degree:	Date Acquired:	GPA (if applicable):
Graduated (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Major:	School:	State:

Additional Education (1)

Country:	Degree:	Date Acquired:	GPA (if applicable):
Graduated (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Major:	School:	State:

Additional Education (2)

Country:	Degree:	Date Acquired:	GPA (if applicable):
Graduated (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Major:	School:	State:

Additional Education (3)

Country:	Degree:	Date Acquired:	GPA (if applicable):
Graduated (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Major:	School:	State:



Hire Data Worksheet

Training Courses: (Optional)

Course Title:	School Name:	Course Date(s):
Course Title:	School Name:	Course Date(s):
Course Title:	School Name:	Course Date(s):
Course Title:	School Name:	Course Date(s):
Course Title:	School Name:	Course Date(s):
Course Title:	School Name:	Course Date(s):

Licenses, Certificates, Memberships

License/Certificate Code:	Issue Date:	License #:	
Issued by:	Expiration Date:	License verified (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Renewal in progress (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
Issued in (Country):	Issued in (State):		
Professional Memberships/Dates:			
Organization Memberships/Dates:			

Citizenship/Passport Information

U.S. Citizenship Status (check one): <input type="checkbox"/> Native <input type="checkbox"/> Naturalized <input type="checkbox"/> Alien Permanent <input type="checkbox"/> Alien Temporary <input type="checkbox"/> Not Indicated		
Passport Number:	Issue Date:	Expiration Date:
Issuing Country:	Issuing State:	Issuing City:
Issuing Authority:	Comments:	

Visa/Permit Information

Issuing Country:	Visa/Permit Type:
Effective Date:	Visa/Permit Number:
Visa/Permit Status:	Visa/Permit Status Date:
Duration (number): ____ Months ____ Years	Visa/Permit Issue Date:
Date of Entry into Country:	Expiration Date:
Issuing Authority:	Issue Place:
Sup Doc ID Description:	
Requested Date:	Date Received:



Hire Data Worksheet

The following is to be completed by the hiring department human resources professional.

Ohio State Employee ID:

Work Location

Effective Date:	Action/Reason:	Job Opening #:
Position Number:	Department*:	
Home Dept:		Location:

Job Information

Job Code*:	Regular/Temporary*:			
Full/Part Time*:	Regular Shift*:			
Standard Hours:	FLSA Status*: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt			
Timekeeping Group:				
Quarters/Semesters Worked (check one from each column below):				
1st Su <input type="checkbox"/> 1st Term <input type="checkbox"/> 2nd Term <input type="checkbox"/> Qtr <input type="checkbox"/> N/A	Au <input type="checkbox"/> Qtr <input type="checkbox"/> Smst <input type="checkbox"/> N/A	Wi <input type="checkbox"/> Qtr <input type="checkbox"/> N/A	Sp <input type="checkbox"/> Qtr <input type="checkbox"/> Smst	2nd Su <input type="checkbox"/> Qtr <input type="checkbox"/> N/A

(*These fields default from Position Data; confirm this information)

Compensation

Compensation Frequency (check one): <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	Compensation Rate:	Annual Rate for Reporting:
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Earnings Distribution

Distribution Type:		None	Percent	Amount						
Earn Code	%	Hours	Amount	Org	Fund	Account	Project	Program	User Def.	End Date for Encumbrance