

Personal Data Form/Emergency Contact Information

To be completed after an offer of employment has been accepted.

Contact Information

First		MI	Last		University ID	
Department				Gender <input type="radio"/> Female <input type="radio"/> Male		Date of Birth
Home Address			Work Building			
City		State	Postal Code		Room	Floor
Telephone		Cell		Telephone		Fax

Ethnicity & Race

In order to comply with record keeping and reporting requirements relating to federal civil rights laws, NYU invites you to self-identify your race and/or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may be used only in accordance with the provisions of applicable laws, executive orders, and regulations. *Please indicate your ethnicity and race below.*

Ethnicity **Hispanic or Latino** **Not Hispanic or Latino**

- Race**
- | | | |
|---|---|--|
| <input type="checkbox"/> Asian. 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. | <input type="checkbox"/> Black or African American. A person having origins in any of the black racial groups of Africa. | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander. A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| | <input type="checkbox"/> Native American or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. | <input type="checkbox"/> White. A person having origins in any of the original people of Europe, the Middle East, or North Africa. |

Education

School Name	Location	Dates (years)	Did you graduate?	Degree	Major
		to	<input type="radio"/> Yes <input type="radio"/> No		
		to	<input type="radio"/> Yes <input type="radio"/> No		
		to	<input type="radio"/> Yes <input type="radio"/> No		

Emergency Contact

Name	Relationship
Telephone	Secondary Telephone

Employee Signature

Date