



The City University of New York  
Central Office Human Resources  
Personal Data Form



First, Last Name:

Address:

City/State/Province:

Zip/Postal Code:

Home Number:

Cell Phone:

**EDUCATION**

Type of School	Name of School and Complete Mailing Address	Year Completed	Major or Degree
High School			
College			
Professional School			
Other			

**EMERGENCY CONTACT INFORMATION**

**FIRST CONTACT:**

First, Last Name:

Relationship:

Address:

Home Phone:

Cell Phone:

E-Mail Address:

**SECOND CONTACT:**

First, Last Name:

Relationship:

Address:

Home Phone:

Cell Phone:

E-Mail Address:

## MARITAL STATUS

### CHECK ONE:

MARRIED

SINGLE

## STATEMENT OF CITIZENSHIP

### CHECK ONE:

U.S. CITIZEN

RESIDENT ALIEN

NON-RESIDENT ALIEN (PLEASE ANSWER QUESTIONS BELOW):

Do you have clearance to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Visa and Expiration Date:	
Primary purpose in the United States:	
Citizen of:	
Intended length of stay:	
Are you a CUNY Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## CONFIDENTIAL EMERGENCY EVACUATION

Due to a previous blackout experience, the Central Office is updating evacuation procedures for all facilities. As part of the procedures, we need to determine whether or not any staff members would require assistance in an emergency evacuation. Please be assured that this information is voluntary. It will only be used for emergency evacuation and will only be shared with those who have responsibilities under the emergency evacuation plan.

I would require assistance during an evacuation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Assistance:	
Location and Floor:	
Extension Number:	

## ***Voluntary Self-Identification Form for Employees***

The City University of New York is committed to equal opportunity, and personnel decisions are made on the basis of qualifications without regard to race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender and/or gender identity, marital status, partnership status, disability, genetic information, alienage, citizenship, military or veteran status, pregnancy, or status as a victim of domestic violence, stalking, or sex offense. We also comply with federal affirmative action regulations. In order for us to comply with state, federal, and University reporting requirements and to assess the effectiveness of our recruitment efforts, we would greatly appreciate your completing this form. Completion of this form is, however, voluntary and the information collected will be used as required by law.

Any question regarding gender, race or ethnicity, veteran, or disability identification should be directed to the Central Office Chief Diversity Officer.

**Gender:**  Male  Female

### **ETHNICITY and RACE**

#### **Question 1:**

Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

If yes, are you Puerto Rican? (a person of Puerto Rican culture or origin)

#### **Question 2:**

Please select one or more of the following categories that apply to you:

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-Continent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the Black racial groups of Africa.
- Italian American: A person having origins in Italy. (This is for CUNY's reporting purposes.)
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## VETERAN

Please select one or more of the following:

- NOT a Veteran**
- Armed Forces Service Medal Veteran:** 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 for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).
- Disabled Veteran:** Either (1) 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 administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

**Note:** If you have a disability and need a reasonable accommodation to perform the essential functions of your job, please contact the Central Office Human Resources Director to begin an interactive discussion to identify and provide you a reasonable accommodation.

- Other Protected Veteran:** 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; see <http://www.opm.gov/staffingportal/vgmedal2.asp>.

**Recently Separated Veteran:** Any veteran during the three-year period beginning on the date of veteran's discharge or release from active duty in the U.S. Military, ground, naval or air service.

Discharge Date

## DISABILITY

The City University of New York is a Government contractor subject to section 503 of the Rehabilitation Act of 1973, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities. Additionally, to comply with federal recordkeeping mandates, the City University of New York is required to collect data concerning the number of employees with a disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with section 503 of the Rehabilitation Act.

- Individual with a disability:** An individual who has a physical or mental impairment which substantially limits one or more major life activities, or who has a record of such an impairment.

**Note:** If you have a disability and need a reasonable accommodation to perform the essential functions of your job, please contact the Central Office Human Resources Director to begin an interactive discussion to identify and provide you a reasonable accommodation.