

**This form must be completed by the employee and submitted to HRIM, campus box 7210, 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\* \_\_\_\_\_

Preferred Prefix  none  Dr.  Mr.  Mrs.  Ms.  Miss Preferred Name \_\_\_\_\_ Preferred Suffix  none  I  II  III  IV  Esq.  PhD  Sr.  Md  Jr.

Home Street Address\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Permanent Street address

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Country\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Other Phone \_\_\_\_\_ Home E-mail Address \_\_\_\_\_

**NCSU BUSINESS/CAMPUS LOCATION**

NCSU E-mail Address\* \_\_\_\_\_ Department\* \_\_\_\_\_

**Primary Business Location** Building\* \_\_\_\_\_ Room #\* \_\_\_\_\_ Campus Box #\* \_\_\_\_\_

Actual Extension\* \_\_\_\_\_ Published Extension\* \_\_\_\_\_  
Phone # at your desk Phone # for directory

**Secondary Business Location** Building \_\_\_\_\_ Room # \_\_\_\_\_ Campus Box # \_\_\_\_\_

Actual Extension \_\_\_\_\_ Published Extension \_\_\_\_\_  
Phone # at your desk Phone # for directory

**OTHER ADDRESS OR LOCATION**

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?\*  Yes  No If awarded: Degree, Month & Year \_\_\_\_\_ Major Field of study \_\_\_\_\_

Institution \_\_\_\_\_ City, State, Country \_\_\_\_\_

Number of years completed \_\_\_\_\_ Degree Awarded?  Yes  No If awarded: Degree, Month & Year \_\_\_\_\_ Major Field of study \_\_\_\_\_

Institution \_\_\_\_\_ City, State, Country \_\_\_\_\_

Number of years completed \_\_\_\_\_ Degree Awarded?  Yes  No If awarded: Degree, Month & Year \_\_\_\_\_ Major Field of study \_\_\_\_\_

Institution \_\_\_\_\_ City, State, Country \_\_\_\_\_

Number of years completed \_\_\_\_\_ Degree Awarded?  Yes  No If awarded: Degree, Month & Year \_\_\_\_\_ Major Field of study \_\_\_\_\_

**BIOGRAPHICAL DETAILS**

Sex\*  Male  Female Marital Status  Married  Single

Primary Ethnic Self-Identification\*

- 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

**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 \_\_\_\_\_

**DISABILITY STATUS**

Can you perform the essential duties of the position, with or without reasonable accommodation?\*  Yes  No

Do you require accommodation of a disability in order to perform the essential functions of the job, as addressed under the Americans with Disabilities Act (ADA) of 1990?\*  Yes  No

If yes to #2, please suggest accommodations that you believe would be reasonable and would allow you to perform the essential functions of the job:\*

In the event of an emergency, such as a fire or loss of power, would you need special assistance to safely evacuate your work area?\*  Yes  No

**PREVIOUS NORTH CAROLINA EXPERIENCE**

Have you ever previously worked for NC State University?\*  Yes  No If yes, dates worked \_\_\_\_\_

Have you ever previously worked for another UNC System Institution?\*  Yes  No If yes, dates and institution \_\_\_\_\_

Have you ever previously worked for the State of North Carolina?\*  Yes  No If yes, dates and agency \_\_\_\_\_

Have you ever been enrolled as a student at NC State University?\*  Yes  No If yes, dates enrolled \_\_\_\_\_

### PREVIOUS NORTH CAROLINA EXPERIENCE

#### 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**).

#### VETERAN STATUS\*

Do you qualify under federal guidelines as a special disabled veteran?  Yes  No

Do you qualify under federal guidelines as a veteran of the Vietnam Era?  Yes  No

Do you qualify under federal guidelines as a veteran who served on active duty during a war or campaign for which a campaign badge has been authorized?  Yes  No

During the last 12 months, have you served on active duty in the U.S. military ground, naval, or air service, and been discharged or released from active duty?  Yes  No

#### 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**

This information is used for Benefits purposes, and/or for various campus information sources, such as the Campus Phone Directory (if you want your spouse or partner listed). Required for beneficiaries and individuals covered by your benefit plan.

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Do you want your home phone number listed in the campus directory?  Yes  No

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. \_\_\_\_\_

**Vehicle Info - To park on campus**

License Tag # \_\_\_\_\_ State Registered \_\_\_\_\_ Make of Car \_\_\_\_\_ Model Year \_\_\_\_\_

**Spouse/Domestic Partner**

Name \_\_\_\_\_  Spouse  Partner Date of Birth \_\_\_\_\_

Do you want your spouse/partners phone number listed in the campus directory?  Yes  No

**Dependent Children**

Child 1 Name \_\_\_\_\_  Daughter  Son Date of Birth \_\_\_\_\_

Child 2 Name \_\_\_\_\_  Daughter  Son Date of Birth \_\_\_\_\_

Child 3 Name \_\_\_\_\_  Daughter  Son Date of Birth \_\_\_\_\_

**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 \_\_\_\_\_