



SUNY POTSDAM STATE EMPLOYEE DEMOGRAPHIC DATA FORM

Return to Human Resources, 219 Raymond Hall

PLEASE PRINT

New Employee

Change/Update Data:

(Internal Use Only: C M O)

Identification:

Name _____
(Last, First, Middle Initial – must match social security card)

Previous Name _____

U. S. Social Security Number* _____

Date of Birth (MM/DD/YY) _____

Demographics:

US Citizen

Permanent Resident Permanent Resident Expiration Date _____ Country of Citizenship _____

Non-citizen (Will need to bring immigration documents to HR Office)

Current Visa type _____ Country of Citizenship _____

Visa Effective Date _____ Visa Expiration Date _____

I-94 Admission Number _____ I-94 Expiration Date _____

Date of Entrance to US _____

Gender:

Female

Male

Race/Ethnicity:

Hispanic? YES NO

Select all that apply:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian & Other Pacific Islander

White

Disability Status:

Not Disabled

Acoustically Impaired

Learning Disabled

Legally Blind

Mobility Impaired

Multiple Impairment

Other Impairment

Visually Impaired (not legally blind)

Veteran Status:

Non Veteran

Active Reservist

Armed Forces Service Medal Veteran

Disabled Veteran

Disabled Viet Nam Veteran

Disabled Viet Nam Veteran from NYS

National Guard Active

Recently Separated Veteran

Other Eligible Veteran

Special Disabled Veteran

Spouse of 100% Disabled Veteran

Veteran

Viet Nam Era Veteran

Viet Nam Era Veteran from NYS

Military Separation Date (MM/DD/YY) _____

Other:

Local, State, or other governmental agency retiree

Volunteer Firefighter

Volunteer EMT

Prior Service:

Are you now or have you ever been employed by a New York State agency or a State University of New York? Yes No

If yes, name of agency/campus _____ Start Date _____ End Date _____

Are you now or have you ever been employed by the Research Foundation? Yes No

If yes, name of campus _____ Start Date _____ End Date _____

Please turn over and complete Page 2 on back



Address:

Legal Home Address (not PO Box) _____
Street

_____ Town/City _____ State/Province _____ County _____ Zip/Postal Code

Country _____ Home Phone () _____

Other Local Address (PO Box or Other):

_____ Street

_____ Town/City _____ State/Province _____ County _____ Zip/Postal Code

Country _____ Home Phone () _____

Email _____ Cell Phone () _____

Emergency Contact:

First and Last Name _____ Telephone () _____

Address (Street/Town/State/Zip) _____

Relationship of Contact _____

Highest Education Level:

College/University:

Highest Degree Obtained (be specific) _____

Year Highest Degree Obtained _____

College/University Name of Highest Degree _____

College/University/Town/City _____

College/University State _____

Other than College Degree:

_____ High School Graduate or GED

_____ High School, Some Additional Training

_____ Technical School

_____ Less Than High School

I certify the information, which I have provided or is attached, is complete and accurate to the best of my knowledge.

Employee Signature

Date

*Disclosure of Social Security Numbers is voluntary and is used to maintain complete personnel records. Authority to solicit social security numbers has been established under Section 355 of the Education Law of the State of New York.

HR USE ONLY

_____ SUNY ID _____ CAMPUS ASSIGNED ID _____ SUNY HR