



SUNY POTSDAM STATE EMPLOYEE DEMOGRAPHIC DATA FORM

Return to Human Resources, 219 Raymond Hall

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 \_\_\_\_\_

Conditional Permanent Resident Permanent Resident Expiration Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

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

Non-Citizen type:  Non-Citizen with Visa  Non-Citizen living and working outside US  Refugee or Political Asylum  Other

Current Visa type \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

I-94 Admission Number \_\_\_\_\_ I-94 Expiration Date \_\_\_\_\_

I-20 Expiration Date \_\_\_\_\_ DS-2019 Expiration Date \_\_\_\_\_

Date of Entrance to US \_\_\_\_\_ SSN:  Yes  No

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  Disabled Viet Nam Veteran  Armed Forces Service Medal Veteran

Veteran  Disabled Viet Nam Veteran from NYS  National Guard Active

Disabled Veteran  Special Disabled Veteran  Spouse of 100% Disabled Veteran

Active Military Duty  Viet Nam Era Veteran from NYS  Viet Nam Era Veteran

Active Reservist  Other Protected Veteran  Recently Separated Veteran

Military Discharge 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 ( ) \_\_\_\_\_  
Email \_\_\_\_\_ Cell 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: _____	Other than College Degree: _____
College/University State: _____	Technical School: _____
College/University Town/City _____	High School Graduate or GED: _____
Highest Degree Obtained (be specific): _____	High School, Additional Training: _____
Year Highest Degree Obtained: _____	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 \_\_\_\_\_ BANNER