

## EMPLOYEE QUESTIONNAIRE

Dr./Mr./Mrs./Ms. \_\_\_\_\_  
First Name
MI
Last Name

SS# \_\_\_\_\_  
Date of Birth
Sex
Marital Status
Personal Email Address:

Home Address \_\_\_\_\_  
City
State
Zip Code
Home Phone

Name of Spouse or Partner Emergency Contact \_\_\_\_\_  
Name
Relationship
Phone

Job Title \_\_\_\_\_  
Department
Building
Room#
Extension

Citizenship If non-resident:  U.S. Citizen  Non-Resident Alien  Resident Alien  
Visa Type \_\_\_\_\_
Country \_\_\_\_\_
Expires \_\_\_\_\_

**Veteran?**  Yes  No **Are you of Hispanic or Latino origin?**  Yes  No

**What is your race?** Select one or more of the following categories:

- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North
- Black or African American:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Asian:** 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.
- 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 cultural identification through tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Degree (check all)  Less than Bachelor's  
 Bachelor of \_\_\_\_\_ from \_\_\_\_\_  
 Post Baccalaureate Certificate  
 Master of \_\_\_\_\_ from \_\_\_\_\_  
 First-Professional  
 Certificate of Adv. Study/Adv. Graduate Spec.  
 Doctor of \_\_\_\_\_ from \_\_\_\_\_  
 Other

Once you've completed the form, please **print, sign, then submit to Human Resources via interdepartmental mail.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_