

BLUEFIELD STATE UNIVERSITY NEW EMPLOYEE DATA SHEET

(TO BE COMPLETED BY EMPLOYEE and returned to the Office of Human Resources)

Name:		SSN:	
Address:		Email:	
City:	State:	ZIP:	
Phone:	DOB:	County of Residence:	
<u>GENDER</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>CLASSIFICATION</u> <input type="checkbox"/> Non-Classified Staff <input type="checkbox"/> Classified Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> Adjunct <input type="checkbox"/> Extra Help	<u>VETERAN STATUS</u> <input type="checkbox"/> 0 - None / I am NOT a Veteran <input type="checkbox"/> 1 - Active or Recently Separated Veteran <input type="checkbox"/> 2 - Vietnam Veteran Only <input type="checkbox"/> 3 - Both Vietnam/Other Eligible Veteran <input type="checkbox"/> 4 - Disabled Veteran	<u>DISABILITY</u> Do you have a disability as defined by the Americans with Disabilities Act of 1990 (ADA) & ADA Amendments Act of 2008 (ADAAA)? <input type="checkbox"/> Yes, I have a disability <input type="checkbox"/> No, I do not have a disability <input type="checkbox"/> I prefer not to respond
<u>ETHNICITY / RACE INFORMATION</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No What is your race? SELECT ONE OR MORE. <input type="checkbox"/> 1 – American Indian or Alaska Native. A person having origins in any of the original people of North and South America (including Central America), and who maintains a tribal affiliation or community attachment. <input type="checkbox"/> 2 – Black or African American. A person having origins in any of the original peoples of Africa including Jamaica, Bahamas, and the Caribbean Islands. <input type="checkbox"/> 3 – Asian. A 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. <input type="checkbox"/> 4 – Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, and other Pacific Islands. <input type="checkbox"/> 5 – White. A person having origins in any of the original peoples of Europe, the Middle East, or North America. <input type="checkbox"/> 6 – Two or More Races. All persons who identify with more than one of the above races.		<u>MARITAL STATUS</u> <input type="checkbox"/> Married If married, name of spouse: _____ _____ <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated	
<u>ACADEMIC RANK</u> <input type="checkbox"/> 1 – Professor <input type="checkbox"/> 2 – Associate Professor <input type="checkbox"/> 3 – Assistant Professor <input type="checkbox"/> 4 – Adjunct Professor <input type="checkbox"/> 5 – Instructor <input type="checkbox"/> 7 – Lecturer <input type="checkbox"/> 8 – Visiting Instructor		<u>HIGHEST DEGREE (state discipline)</u> <input type="checkbox"/> 0 – No Degree Info Available <input type="checkbox"/> 1 – Doctoral Degree <input type="checkbox"/> 2 – First Professional Degree (DDS, DO, DVM, JD, LLB, or MD) <input type="checkbox"/> 3 – Advanced Cert. (CAS, CAFS, or Ed.S) <input type="checkbox"/> 4 – Master's Degree <input type="checkbox"/> 5 – Bachelor's Degree <input type="checkbox"/> 6 – Associate Degree <input type="checkbox"/> 7 – No Earned Degree Discipline: _____	
<u>ACADEMIC RANK</u> <input type="checkbox"/> 1 – Professor <input type="checkbox"/> 2 – Associate Professor <input type="checkbox"/> 3 – Assistant Professor <input type="checkbox"/> 4 – Adjunct Professor <input type="checkbox"/> 5 – Instructor <input type="checkbox"/> 7 – Lecturer <input type="checkbox"/> 8 – Visiting Instructor		<u>WV EMPLOYMENT HISTORY</u> Have you worked in, or are you currently working, in a WV state position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all WV state service, including current, and give your name and dates of service. _____ _____ Are you a graduate of Bluefield State University? <div style="text-align: center;">Yes No</div> If so, Graduation Date: _____	
<u>In Case of Emergency, Notify:</u>			
Name:		Name:	
Relationship:		Relationship:	
Phone:		Phone:	

May we release your name, address and phone number to those who inquire? Yes No
 May we include your name and personal information in the Employee Directory? Yes No

I certify the information provided is accurate to the best of my knowledge.

Employee Signature _____ Date _____