

Alfred University

PERSONNEL DATA FORM

EMPLOYEE PERSONAL INFORMATION

Prefix: Dr. Mr. Mrs. Ms. Other _____

Name:

Last, First, MI

Preferred First Name

Address:

Street

Apt/Unit

Address 2 (P.O. Box if applicable)

City, State, Zip Code

Primary Phone:

Alternate Phone:

Social Security Number:

Gender: Male Female Other _____

Birth Date:

Marital Status:

Spouse's Name:

Maiden Name:

Are you a Veteran? Yes No

If yes, Veteran File # _____ Date of Discharge: _____

What type of Veteran are you?

Vietnam Era Protected Not Protected

Armed Forces Indicator Disabled

AFFIRMATIVE ACTION EEO DATA ETHNIC BACKGROUND

Alfred University is an Equal Opportunity/AA employer. Information provided is voluntary and confidential and used for legal reporting purposes only.

Hispanic/Latino (any race)

Non-Hispanic/Latino (please define race below)

African American American Indian or Alaska Native Asian Caucasian

Native Hawaiian or Pacific Islander Two or more races I choose not to identify

JOB INFORMATION

Title:

Banner ID:

Supervisor:

Department:

Building:

Room Number:

Office Phone:

Office Fax:

EMERGENCY CONTACT

Name:

Last, First, MI

Address:

Street

Apt/Unit

City, State, Zip Code

Primary Phone:

Alternate Phone:

Relationship:

EMAIL

E-mail is the official means of communication at Alfred University. To create your account, ITS will use your last name or a combination of your last name and first initial depending on the user names already in our system. You will be notified by ITS when your user name has been activated with a temporary password and we strongly suggest that you change your temporary password after the first log in. Your signature below indicates that you have read and agree to the Alfred University computing policies at: <https://my.alfred.edu/information-technology-services/policies/index.cfm>.

Signature: _____

Date: _____