

St. Cloud State University New Employee Data Sheet

Legal Name <i>Last</i>			<i>First</i>			<i>Middle</i>											
<i>Preferred First Name</i>			<i>If Any, List Former Name(s)</i>														
Home Address <i>Street</i>									<i>Apt/Unit</i>								
<i>City</i>			<i>State</i>			<i>Zip</i>			<i>County</i>								
Home Phone			Alternate Phone			Email Address											
Date of Birth						Social Security Number											
Race and Ethnic Background																	
Are you Hispanic or Latino (<i>a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race</i>)?																	
<input type="checkbox"/> Yes						<input type="checkbox"/> No											
Select One or More:																	
<input type="checkbox"/> American Indian or Alaska Native <i>A person having origins in any of the original peoples of North, Central or South America and who maintain tribal affiliation or community attachment</i>																	
<input type="checkbox"/> Asian <i>A person having origins in any of the original people of the Far East, Southeast Asia or the Indian Sub Continent</i>																	
<input type="checkbox"/> Black or African American <i>A person having origins in any of the black racial groups of Africa</i>																	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands</i>																	
<input type="checkbox"/> White <i>A person having origins in any of the original peoples of Europe, the Middle East or North Africa</i>																	
<input type="checkbox"/> Unknown																	
If you have selected more than one race and ethnic background above, please state which you wish to identify as primary: _____																	
Gender			Marital Status			Veteran Status			U.S Citizen								
<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Married <input type="checkbox"/> Not Married			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No								
Disability Status																	
<input type="checkbox"/> Yes <input type="checkbox"/> No			A disability is defined as: having a physical and/or mental impairment which substantially limits one or more "major life activities"; or having a record of such impairment; or being regarded as having such impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, reaching, and working.														
Emergency Contact Information <i>Name</i>																	
Home Phone			Alternate Phone			Relationship											
Office or On-Campus Information <i>Department</i>												<i>Campus Location</i>			<i>Campus Phone</i>		
<i>Position or Assignment</i>						<i>Supervisor's Name</i>											

ROTC VOLUNTEER CCCP OTHER

EMP. DATES: _____

I hereby declare the information provided on this form is true and accurate to the best of my knowledge.

Employee Signature _____ Date _____

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