

GALLAUDET UNIVERSITY EMPLOYEE DATA SHEET

Today's Date	
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EMPLOYEE PERSONAL DATA

Name L/F/MI					SS#						
Preferred Name											
Address				City			State			Zip	
Date of Birth			Telephone Number				Voice, VP, or Text				

SEX	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other	CITIZENSHIP	<input type="checkbox"/> United States	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Temporary Work Authorization	Type	Expires

ETHNICITY

Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No					
RACE Select One or More	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Caucasian/ White

MILITARY SERVICE	<input type="checkbox"/> Non- Veteran	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Veteran
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DISABILITY	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Deaf/Blind	<input type="checkbox"/> Blind	<input type="checkbox"/> Mobility	<input type="checkbox"/> Other _____
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Are there any reasonable accommodations needed to perform the job satisfactorily?

EDUCATION

<input type="checkbox"/> Less than High School	<input type="checkbox"/> High School or GED	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate of Arts
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Post-Graduate Studies	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree
Highest Degree Field	College or University Where Highest Degree Was Obtained		
Are you an alumnus of Gallaudet University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year _____

EMERGENCY CONTACT

Name L/F/MI					Relationship						
Address				City			State			Zip	
Daytime Telephone #			Voice, VP, or Text			Evening Telephone #			Voice, VP or Text		

**FORM MUST BE COMPLETED BY THE EMPLOYEE
ORIGINAL MUST BE RETURNED TO:
HUMAN RESOURCES SERVICES, COLLEGE HALL, ROOM 114A**