

GALLAUDET UNIVERSITY EMPLOYEE DATA SHEET

Today's Date	
--------------	--

EMPLOYEE PERSONAL DATA

Name L/F/MI		SS#	
Chosen 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
------------------	---------------------------------------	--	---	----------------------------------

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 _____
------------	-------------------------------	--	-------------------------------------	--------------------------------	-----------------------------------	--------------------------------------

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**