



## Employee Personal Data Information (Regular Benefit-Eligible Staff/Post Doctoral/Faculty)

<b>Employee Legal Name:</b> Legal name as it appears on your Social Security Card				
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>SMU ID#:</b>	
<b>Preferred Name:</b>				
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>		
<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married		<b>Social Security Number:</b>
<b>Highest Education Level:</b>				
<input type="checkbox"/> HS Grad or Equivalent <input type="checkbox"/> Associate Level Degree	t			
<b>Degree</b>	<b>Institution</b>	<b>Location</b>	<b>Year Received</b>	<b>Major</b>
<b>Home Address:</b>				
<b>Number and Street:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Phone Numbers:</b>				
<b>Home:</b>		<b>Cell:</b>		
<b>Personal Email Address:</b>				

		<input type="checkbox"/> Other a a a a a a a a a a a a a a a a a
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<b>Referral Source:</b>	?	ps 7 2 3 6 Center for Non-Profit	
		<input type="checkbox"/> Craigslist <input type="checkbox"/> HigherEdJobs.com <input type="checkbox"/> Job Fair <input type="checkbox"/> SMU Website <input type="checkbox"/> LinkedIn.com	
		<input type="checkbox"/> <b>Current Employee(Specify below)</b> a	
Are you able to perform all essential functions of this job?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a relative employed by SMU?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give the relative's name, relationship and position.			
_____			
Will you be working in the same area as your relative?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that statements I have made in this employee personal data information form are true, complete and correct to the best of my knowledge and belief.			
_____		_____	
<b>Signature</b>		<b>Date</b>	



## Employee Personal Data Information (Regular Benefit-Eligible Staff/Post Doctoral/Faculty)

### Race/Ethnicity:

Do you consider yourself to be Hispanic/Latino(a)?

Yes

No

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

In addition, select one or more of

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**Voluntary Self-Identification of Disability**

Because we do business with the government, we must reach out t

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**Voluntary Self-Identification of Disability**

Federal law requires employers to provide reasonable accommodat