



HR USE ONLY: Banner ID#: _____

OFFICE OF HUMAN RESOURCES
300 College Park
Dayton, Ohio 45469-1649

CONFIDENTIAL EMPLOYEE DATA RECORD

Full Time Part Time GA
resume.)

(Please type or print clearly in black ink & attach a current

SECTION I – Please use your legal name as it appears on your Social Security Card.

Name _____ S.S.# _____

_____ Last _____ First _____ MI _____

Nickname or Preferred Name: _____ Former Last Name(s): _____
(not to be used on legal documents)

Home Address: _____ PO Box _____
Street _____

City _____ County _____ State _____ Zip _____

Ohio School District Name _____ Ohio School District # _____
(Entered by Human Resources)

Home Telephone Number _____ Listed Unlisted
Mobile Telephone Number _____ Listed Unlisted

Email Address: _____

Date of Birth _____ Place of Birth (city/state) _____ Gender Male Female

SECTION II

Race: Yes No Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)

Please identify your race by selecting one or more of the following:

<input type="checkbox"/>	American Indian or Alaskan Native	(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment)
<input type="checkbox"/>	Black or African American	(A person having origins in any of the black racial groups of Africa)
<input type="checkbox"/>	Asian	(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam)
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands)
<input type="checkbox"/>	White	(A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Employment Identification and Eligibility

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED FOR EMPLOYMENT

1. Are you authorized to work in the U.S.? Yes No If Yes, go to question 2. **If No, please call Human Resources at (937) 229-2541**

2. Are you a United States Citizen? Yes No If Yes – go to next page **If NO, go to question 3**

3. **If you are not a U.S. Citizen:** Are you a Lawful Permanent Resident? Yes No
If Yes: please fill-in your Country of Birth and Citizenship in the blank spaces below. Then go to next page. **If NO, go to question 4**

4. If an Alien authorized to work in the US: A# or USCIS#: _____ Port of Entry: _____
Type of Visa: _____ Issue Date: _____ Expiration Date: _____
Visa Primary Purpose (as listed on I-20, DS-2019, or I-94) _____ Arrival Date in US: _____

*****All Permanent Residents and Aliens Authorized to Work***
Please enter Country of Birth and Country of Citizenship**

Country of Birth: _____ Country of Citizenship: _____

(Please turn over and complete form)



HR USE ONLY: Banner ID#: _____

OFFICE OF HUMAN RESOURCES
300 College Park
Dayton, Ohio 45469-1649

SECTION III

Marital Status:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow/Widower
Religion:	<input type="checkbox"/>	Catholic	<input type="checkbox"/>	Protestant	<input type="checkbox"/>	Other (Please write-in):		
Vocation:	<input type="checkbox"/>	Lay Person	<input type="checkbox"/>	SM Brother	<input type="checkbox"/>	SM Priest	<input type="checkbox"/>	SM Sister
	<input type="checkbox"/>	Other Priest	<input type="checkbox"/>	Other Sister	<input type="checkbox"/>	Other Religious		

Degree Information:

Degree	Major	Date Awarded	Institution/Location

Years of Relevant Experience	Licensure & Certification Renewal Date:

In case of emergency:

Name _____ Relationship _____

Address _____
Street City State Zip

Telephone Numbers: Home: _____ Work: _____ Mobile: _____

Spouse – UD Employee? Yes No Department _____

Section IV – New Employee’s Work-Related Information

Date of Hire _____ Department _____ Job Title _____

Supervisor’s Name _____ Building _____ Room No. _____

Campus Telephone No. _____

Prior UD Service Yes No From: _____ To: _____ University ID: _____
(Date mm/dd/yyyy) (Date mm/dd/yyyy) (If Known)

University of Dayton Policies and Procedures: Please follow this link to view Human Resource’s policies and procedures; <https://www.udayton.edu/policies/hr/index.php>

Please follow this link to view all University policies and procedures <https://www.udayton.edu/policies/>
(**It is your responsibility to familiarize yourself with this information and to visit the site regularly to stay up to date)

Date: _____ Employee Signature: _____