



CONFIDENTIAL EMPLOYEE DATA RECORD

Full Time Part Time

Note to benefits eligible employees: The USA PATRIOT Act, passed in 2001, requires UD to provide its retirement vendor with identifying employee information, including your name, social security number, date of birth and a physical mailing address. PO boxes are not permitted. There is no exception.

(Please type or print in black ink and attach a current resume.)

SECTION I – Please use legal name as it appears on your social security card.

Name _____ S.S.# _____ University ID _____
 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 # _____
 Home Telephone Number _____ Listed Unlisted
 Mobile Telephone Number _____
 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:

- 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)
- Black or African American (A person having origins in any of the black racial groups of Africa)
- 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)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands)
- 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 US?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, go to question 2. If NO, please contact the Office of the Provost .
2. Are you a United States Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, skip to Section III on next page. If NO, go to question 3.
3. If you are not a U.S. Citizen: Are you a Lawful Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: please fill-in your Country of Birth and Citizenship in the box 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: _____	

SECTION III

Marital Status: Single Married Divorced Widow/Widower
 Religion: Catholic Protestant Other No Preference
 Vocation: Lay Person SM Brother SM Priest SM Sister
 Other Priest Other Sister Other Religious

Degree Information:

Degree	Discipline	Date Awarded	Institution/Location

Certification (s) or Licensure	Renewal Date:

In case of emergency:

Name _____ Relationship _____

Address _____
Street _____ City _____ State _____ Zip _____

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

Spouse's Name (if not listed above) _____

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

Spouse – UD Employee? Yes No Department _____

Date of Hire _____ Department _____ Job Title _____

Supervisor's Name _____ Building _____ Room No. _____

Campus Telephone No. _____ Email Address _____

Prior UD Service Yes No If Yes, service was Full time Part time Dates: _____**SECTION IV**

PLEASE READ CAREFULLY: I certify that all the answers given and statements made above are true and accurate to the best of my ability and recollection. The resume attached to this Data Sheet is true and complete to the best of my knowledge. I fully understand that any falsification or omission of material facts will be just cause for discharge. Except as noted below, I hereby authorize those academic institutions I have attended and all of my previous employees and/or references noted to furnish the University of Dayton with any information concerning my personal character, habits, and educational and employment record. My permission is also given to make inquiries through credit and other investigating agencies. I hereby release all such persons and organizations from liability and damages, which may be incurred as a result of these inquiries and the furnishing of the requested information.

Exceptions:

Date: _____ Signed: _____

Faculty's Signature