

EMPLOYEE BIOGRAPHIC/DEMOGRAPHIC INFORMATION

Information collected on this form is used in the Human Resources/Payroll system and for University reporting purposes. **Please complete both sides.**

NAME*: _____

Preferred FIRST name: _____
(to appear in phone directory)

HOME ADDRESS: _____

HOME PHONE: _____

JOB TITLE*: _____

DEPARTMENT*: _____

CAMPUS ADDRESS*: _____

Building - Room #

CAMPUS EXTENSION*: _____

*Your name (preferred, if listed), title, department, campus address, and campus extension will appear in the campus phone directory.

EMERGENCY CONTACT INFORMATION: In case of emergency, please contact:

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

RELATIONSHIP: _____

PHONE: _____

PERSONAL INFORMATION:

The following information is used for University reporting purposes.

DATE OF BIRTH: ____/____/____

MM DD YYYY

Driver Licence/State ID (Circle one)

Drivers Licence Number: _____ State: _____ Expiration Date: _____

<OVER>

Disclosure of the following personal information is optional.

MARITAL STATUS: Married
 Single

SEX: Male
 Female

RACE:

Do you consider yourself to be Hispanic/Latino?
 Yes
 No

FOR NON HISPANICS ONLY (Select one or more of the following race categories):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

CITIZENSHIP: Citizen
 Non-citizen

POST-SECONDARY EDUCATION:

Please list all of your post-secondary degrees.

Degree (i.e. Master of Science in Nursing):	Institution (please spell out):	Major(s):	Minor(s):	Grad. Date (mm/dd/yyyy):	Terminal Degree?*: :
					Y / N
					Y / N
					Y / N
					Y / N

* Terminal degree = highest degree you can earn in your field.

RECRUITMENT SURVEY:

How did you originally hear about your position at Ferris?

- Job postings through FSU Human Resources or contact with FSU Human Resources
- A FSU employee
- FSU Job Opportunities Web site
- Newspaper (please list) _____
- Other print publication (please list) _____
- Other Web site or electronic medium (please list) _____
- Other (please list) _____

Signature: _____ Date: _____