EMPLOYEE INFORMATION FORM

<table>
<thead>
<tr>
<th>Reason:</th>
<th>New</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title of Position:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Hire:</td>
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</tbody>
</table>

**Legal Name**
*As it appears on social security card*

<table>
<thead>
<tr>
<th>Salutation: (i.e., Mr, Ms, Mrs, Dr, etc.)</th>
<th>First:</th>
<th>Middle:</th>
<th>Last:</th>
<th>Suffix:</th>
</tr>
</thead>
</table>

birthdate: | Gender: | Male | Female |

<table>
<thead>
<tr>
<th>U.S. Citizen:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Resident:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Country of Birth: |

**EDUCATION LEVEL**

- [ ] Associate’s Degree
- [ ] Bachelor’s Degree
- [ ] Doctoral Degree
- [ ] High School Graduate or GED
- [ ] High School, some additional training
- [ ] Less than High School
- [ ] Master’s Degree
- [ ] Professional Degree
- [ ] Some Graduate Work
- [ ] Technical School

**ETHNICITY**

- [ ] Hispanic: Yes | No
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian and other Pacific Islanders
- [ ] White

**DISABILITY STATUS**

- [ ] Acoustically Impaired
- [ ] Learning Disabled
- [ ] Legally Blind
- [ ] Mobility Impairment
- [ ] Multiple Impairment
- [ ] Not Disabled
- [ ] Other Impairment
- [ ] Visually Impaired (not Legally Blind)

**EXEMPT VOLUNTEER FIREPERSON:** Yes | No

**MILITARY STATUS**

- [ ] Active Reserve
- [ ] Armed Forces Service Medal Veteran
- [ ] Disabled Veteran
- [ ] Disabled Viet Nam Veteran
- [ ] Disabled Viet Nam Veteran from NYS
- [ ] National Guard Active
- [ ] Non Veteran
- [ ] Other Eligible Veteran
- [ ] Special Disabled Veteran
- [ ] Spouse of 100% Disabled Veteran
- [ ] Veteran
- [ ] Viet Nam Era Veteran
- [ ] Viet Nam Era Veteran from NYS

Military Separation Date: |

*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to the Internal Revenue Service Code. The Social Security Number is required to verify your identity.*

**Home Address – Street:** |

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Home Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>( ) -</td>
</tr>
</tbody>
</table>

**Mailing Address – Street:** |

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Cell Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Campus Address – Building:** |

<table>
<thead>
<tr>
<th>Room:</th>
<th>Department:</th>
<th>Campus Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(585) 245 -</td>
</tr>
</tbody>
</table>

Employee Information Form, Page 1 of 2; Rev 7/2009
EDUCATION DEGREES RECEIVED - *Mandatory if position requires a degree*

**Indicate which degree you wish to have reported as your highest:**

<table>
<thead>
<tr>
<th>Full Name of Degree (e.g. Bachelor of Science, Master of Education, Doctor of Education)</th>
<th>Initial of Degree (i.e. BS, MLS)</th>
<th>Major</th>
<th>Month &amp; Year Received</th>
<th>Name and Location of School</th>
</tr>
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</tbody>
</table>

**DEGREE IN PROGRESS**

<table>
<thead>
<tr>
<th>Date Expected</th>
<th>Degree Type (AS, BA, BS, MA, PhD, etc)</th>
<th>Specialization</th>
<th>College or University</th>
</tr>
</thead>
<tbody>
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</table>

**EMERGENCY CONTACTS**

**PRIMARY CONTACT**

1. First Name: ___________________________  Last Name: ___________________________
   
   Street: ___________________________  City: ___________________________  State: ______  Zip Code: ______
   
   Work Phone: (______) -  Relationship: ___________________________
   
   Home Phone: (______) -  Cell Phone: (______) -

**SECONDARY CONTACT**

2. First Name: ___________________________  Last Name: ___________________________
   
   Street: ___________________________  City: ___________________________  State: ______  Zip Code: ______
   
   Work Phone: (______) -  Relationship: ___________________________
   
   Home Phone: (______) -  Cell Phone: (______) -

**PRIOR SERVICE WITH THE STATE OF NEW YORK OR SUNY**

1. Agency or College: ___________________________  Date of Separation: ______  Position: ___________________________
   
2. Agency or College: ___________________________  Date of Separation: ______  Position: ___________________________

**RETIREMENT INFORMATION**

TIAA-CREF Contract Numbers: ___________________________

NYS Teachers’ Retirement Number: ___________________________

Employee’s Retirement Number: ___________________________

Employee Information Form, Page 2 of 2; Rev 7/2009