



Human Resources Data Collection Form

This form is to help us comply with Federal/State Equal Employment Opportunity record keeping, reporting, institutional reporting, and legal requirements. Please complete the template and return to Human Resources.

*Note: You can print the form and fill out form by hand. Please write legibly.

PERSONAL DATA

Name: _____

Gender: Male ___ Female ___ Prefer not to respond ___

Marital Status: Single ___ Married ___ Other _____

Military Status:

No Military Service ___ Reserve/National Guard ___

Active Duty ___ Retired Military ___

Spouse/Dependent of Active Duty ___ Veteran ___

Are you retired from State University Retirement System (SURS) AND currently receiving annuity payments? Yes ___ No ___

RACE AND ETHNICITY DATA

- 1) Are you Hispanic or Latino? (OR Are you of Spanish origin?)
 - ___ Yes Hispanic or Latino
 - ___ Not Hispanic or Latino
- 2) Are you from one or more of the following racial groups? (Please select ALL that apply).
 - ___ American Indian or Alaska Native
 - ___ Asian
 - ___ Black or African American
 - ___ Native Hawaiian or Pacific Islander
 - ___ White
 - ___ Choose Not to Respond
- 3) Please identify your primary racial/ethnic group. (Please only select one option).
 - ___ American Indian or Alaska Native
 - ___ Asian
 - ___ Black or African American
 - ___ Native Hawaiian or Pacific Islander
 - ___ White
 - ___ Choose Not to Respond

EMERGENCY CONTACT

Name: _____ **Relationship (optional):** _____

Street Address: _____ **City:** _____ **State:** _____

Contact Number: _____ **Work:** ___ **Home:** ___ **Cell:** ___

*Any updates or additional information can be added in InfoShare under Employee Self-Service.