

PERSONAL DATA AND SELF-IDENTIFICATION FORM



Princeton University is an equal employment opportunity employer and is required by law to collect and report periodically certain data regarding our faculty and staff (including data on citizenship, gender, and race/ethnicity of all employees, as well as disability and veteran status of those who self-identify). Other information (e.g., birthdate, marital status, etc.) is needed for benefits administration or other human resources management purposes. All information is secure and confidential and reported in statistical form only.

For new hires and rehires, please complete the entire form. For current staff making a change, complete all of Section 1 and *only the new information*.

SECTION I: NAME AND STATUS

Check one: New Hire/Rehire Change

Hire Date or Effective Date of change: _____
MM / DD / YYYY

Social Security Number: _____

PU ID Number (on ID Card): _____

Name: _____
Last First Middle

If name is changing, new name: _____
Last First Middle

SECTION II: CONTACT INFORMATION *(legal address for income tax purposes; for new hires, address in effect once you begin working at Princeton)*

Home Address: _____
Street City State Zip

Home/Personal Email address: _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

For your Princeton position or appointment, are you working outside of New Jersey? _____ If yes, what State or Country _____

SECTION III: EMERGENCY CONTACT INFORMATION *(If possible, please provide a contact who lives near your work location)*

Contact Name: _____ **Relationship:** _____

Check here if contact's address is the same as yours

Contact's Address: _____
Street City State Zip

Contact's Home Phone: (_____) _____ **Contact's Cell Phone:** (_____) _____

SECTION IV: PERSONAL INFORMATION *(Please refer to definitions on reverse side of this form)*

Sex: <input type="checkbox"/> Male or <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Dissolved Civil Union <input type="checkbox"/> Dissolved Dom Partnership <input type="checkbox"/> Surviving Partner <input type="checkbox"/> Widow/Widower	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Alien Perm) <input type="checkbox"/> Non-Resident Alien (Alien Temp)
Birth date: _____ MM / DD / YYYY <i>(required for benefits purposes)</i>	Effective date of marital status: _____ MM / DD / YYYY		Country of citizenship: _____

OPTIONAL: SELF-IDENTIFICATION – Completion of the following information is voluntary *(Complete definitions are on reverse side)*

Ethnicity/Race (Please answer both questions):

1. **Hispanic Ethnicity:** Do you consider yourself to be Hispanic/Latino? Yes, Hispanic/Latino *(including Spain)* No

2. **Racial Identity:** In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaskan Native *(including all Original Peoples of the Americas)*
- Asian *(including Indian subcontinent, Pakistan, and Philippines)*
- Black or African American *(including Africa and Caribbean)*
- Native Hawaiian or Other Pacific Islander *(Original Peoples)*
- White *(including the Middle East and North Africa)*

Military status (Choose all that apply):

- Disabled Veteran
- Recently Separated Veteran
- Active Duty Wartime or Campaign Badge
- Armed Forces Service Medal Veteran
- I am a protected Veteran but do not want to identify the classification in which I belong
- I am not a protected veteran
- I am NOT a veteran

Military discharge date: _____ (MM / DD / YYYY)

SECTION V: COLLEGE EDUCATION *(proof of degree may be required)*

Highest Degree: _____ **School:** _____ **Year:** _____

THE INFORMATION SET FORTH ON THIS FORM IS ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSE STATEMENTS MAY BE CONSIDERED GROUNDS FOR DISMISSAL.

SIGNATURE: _____ **DATE:** _____

Please send form to:

- Office of the Dean of the Faculty, 9 Nassau Hall (faculty, professional researchers, professional specialists, or professional librarians)
- Office of Human Resources, 100 Overlook (all other main campus employees) OR PPPL Human Resources, Forrester Campus (all PPPL employees)

Important: You must separately notify the Credit Union, Princeton Billing, TIAA-CREF, Vanguard and the U-Store of changes, if appropriate. (10/2014)

Personal Data and Self-Identification Form - Explanation and Definitions

Social Security Number – This is required by the Payroll Office and by the Office of the U.S. Social Security Administration.

Name – Your legal name to be printed on your payroll check

Home Address and Phone – Your legal address will be used for tax and benefit purposes and for some University mailings. Your contact information will also be used by the University's Emergency Notification System, when required.

Date of Birth – Required for benefits purposes.

SELF-IDENTIFICATION DEFINITIONS. Completion of this information is voluntary. All information is confidential and will be reported in statistical form only. Declining to provide this information will not subject you to any adverse treatment.

Ethnicity and Race – This two-part question is requested for statistical reporting purposes to government agencies, including the U.S. Department of Education.

- *Hispanic or Latino ethnicity* - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin (including Spain) regardless of race.
- *American Indian or Alaska Native* - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- *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, the Philippine Islands, Thailand, and Vietnam.
- *Black or African American* - A person having origins in any of the black racial groups of Africa.
- *Native Hawaiian or Other Pacific Islander* - A person having origins in any of the 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.

MILITARY STATUS AND DISABILITY STATUS SELF-IDENTIFICATION –This information is requested for statistical reporting purposes to government agencies, including the U.S. Department of Labor. Completion of this information is voluntary. All information is confidential and will be reported in statistical form only. Declining to provide this information will not subject you to any adverse treatment. Information regarding your disability may be disclosed to the extent that (1) your supervisor(s) may be informed of any work restrictions or reasonable accommodations needed, and (2) first aid personnel may be informed when and if you require emergency medical treatment.

Protected Veteran Categories:

- A Disabled Veteran is one of the following:
 - a. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - b. A person who was discharged or released from active duty because of a service-connected disability.
- *A Recently Separated Veteran:* Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground naval or air service.
- *An Active Duty Wartime or Campaign Badge Veteran:* A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- *An Armed Forces Service Medal Veteran:* A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985

Military Discharge Date: The date on which a person was discharged or released from military service.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.