Personal and Professional Data Form

Carbondale Campus End User Instructions
FORM – Personal and Professional Data

Use: To collect directly from a new employee or graduate assistant, necessary demographic information about the individual for entry into the AIS Human Resource Management System (HRMS).

Access: Obtain necessary form(s). Electronic forms are available through the eforms website *eforms* http://eforms.siu.edu/siuforms/info/hro1002.html

Instructions: Complete the form using the following instructions.

1. *Name and Social Security Number*
   The individual's last, first, and middle name and Social Security Number.

2. *Home Phone* The individual's home phone number, including area code. Home Address information and phone number will appear in the University Staff Directory unless the information not to be printed has been checked.

3. *Date of Birth* The day, month, and year of the individual's birth. (Date format DD Mmm YYY)

4. *Place of Birth*

   City City where the appointee was born.

   State State where the appointee was born.

   Country Country where the appointee was born.

5. *Citizenship*

   Category Mark the category of citizenship status.
   - Native Born
   - Naturalized
   - Not U. S. Citizen

   Citizenship Country Country where citizenship is held.

   Type of Visa/Authorization
   Type of Visa or work authorization held.

   Effective Date Effective date of the Visa. (Date format DD Mmm YYYY)

Expiration Date	Expiration date of the Visa. (Date format DD Mmm YYYY)

6. *Gender* Check whether the individual is male or female.

7. *Marital Status* Check whether the individual is married or single and if married, the name of his or her spouse.

8. *Disability Status* The individual may report whether or not he or she has a disability.

9. *Race/Ethnicity* Mark the individual's ethnic origin.
- White, not of Hispanic origin
- Black, not of Hispanic origin
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic

10. U. S. Military Experience

Mark whether the individual served in the U. S. military.

Branch of Service If the individual served in the U. S. military, the branch of service.

Date Entered Service

The date the individual entered the service.

Date Discharged The date the individual was discharged from the service

Special Disabled Veteran

Mark whether the individual is entitled to disability compensation or was discharged from active duty due to a service-connected disability.

Veteran of the Vietnam-era

Mark whether the individual served more than 180 days active duty between 28 Feb 1961 and 07 May 1975, and was discharged or released with other than a dishonorable discharge.

Other Veteran Mark whether the individual served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized and if yes, the campaign or expedition and badge or medal received.

11. *Person to Notify in Event of an Emergency*

Name First and last names of the individual who should be contacted in the event of an emergency.

Relationship Relationship of the emergency contact to the employee or graduate assistant.

Address Street address, city, state and zip code for the emergency contact.

Phone number Area code and telephone number for the emergency contact.

Name and Social Security Number

Leave blank. This will be filled in with the information provided on Page 1.

12. *Other State Employment*

Indicate whether the individual has ever been employed in another state-supported institution or agency. If previously employed at any institution in the SIU system, select the appointment type of the previous appointment.
- Faculty
- Administrative/Professional
- Civil Service

If previous state employment was not at SIU, list the institution or agency and provide the dates of employment.

13. *Graduate Assistant Appointment*

Mark whether or not the individual has ever held a graduate assistant appointment at SIUC.

14. *Education* For each post-secondary degree earned, specify:

Dates Attended

The beginning and ending dates of attendance at the specified institution.

Institution and Location

Name and location of the institution.

Major Major field of study.

Degree Degree conferred.

Date Conferred

Date the degree was conferred.

15. *Educational Loan Certification*

Mark whether the individual is in default on the repayment of an educational loan.

16. *Information for School of Medicine Faculty Only – Residency/Fellowship*

Dates The beginning and ending dates of the residency or fellowship.

Institution and Location

> The name and location of the institution where the residency/fellowship was served.

Specialty   The specialty area of the residency/fellowship.

Board Certification

> Indicate whether or not the faculty member is Board certified. If yes, the date certification was awarded and the specialty area. Space is provided for two certifications.

Board Eligible   Indicate whether or not the faculty member is Board eligible.

Illinois License Number

> The faculty member's Illinois medical license number.

Signature and Date   Signature of the individual and the date signed. (Date format DD Mmm YYYY)

Special Notes: This form should be completed for each newly appointed graduate assistant, faculty member, administrative/professional or civil service staff member. It is not necessary to complete the form again for a reappointment unless the original information submitted is no longer current.

Routing: This form should be sent with the appointment papers to Human Resources, MC 6520.