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 [http://eforms.siu.edu/siuforms/info/hro1002.html](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 YYYY)

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)
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.