

**BOWLING GREEN STATE UNIVERSITY
New Employee Data Form**

Workforce Administration > Personal Information > Biographical > Add a Person	Employee ID (from SIS)		Hire Date		
	Please write name as it appears on Social Security Card or Passport				
	Prefix	First Name	Middle Name	Last Name	Suffix: *optional
	Date of Birth		State of Birth (Country if International)		
	Gender		Marital Status		
	Male Female		Single Divorced Widowed Married Separated Unknown		
	Permanent (Home) Address		Local (Mailing) Address Please complete unless Local Address is same as Permanent Address		
	Street Address:		Street Address:		
	Street Address (cont'd.):		Street Address (cont'd.):		
	City:		State:	City:	
Zip Code:	Phone:		Zip Code:	Phone:	
Regional	Campus (Business) Address				
	Street Address:		Campus Phone Number:		Campus: Main Firelands Extension
	Primary Ethnicity				
	Are You Hispanic/Latino? Yes No				
White (Non-Hispanic)		Hispanic/Latino		Asian/ Native Hawaiian/Other Pacific Islander	
Black/African American (Non-Hispanic)		American Indian/Alaska Native		Not Specified	
Military Status (please check only one)					
Not a Veteran		Veteran of Vietnam Era		Not Indicated	
Not a Vietnam-Era Veteran		Other Protected Veteran		Vietnam & Other Protected Vet.	
No Military Service					Discharge Date (MM/DD/YY)

Workforce Administration > Personal Information > Citizenship Personal Relationships > Contact Information	U.S. Citizenship Status				
	Are you a U.S. Citizen? Yes No If no, country of citizenship:		Native Naturalized Permanent Resident		Employment Visa Canadian Citizen Alien Permanent Alien Temporary Other
	Visa/Permit Data				
	Number: Country:		Status: Applied Granted Renewed		Status Date: Type: Other
	Have you worked for the State of Ohio before? Yes No			If yes, Retirement system: Number of years:	
	Emergency Contact				
	Last Name:		First Name:		MI:
	Street Address				
	Street Address (cont'd.):				
	City/State/Zip Code			Daytime Phone:	
Relationship (e.g., Mother, Father, Etc.):			Nighttime Phone		
Do you have a physical or mental disability:		Are you a disabled veteran?			
Yes (see below) No		Yes No			
If applicable, describe the accommodations to your job or work environment that would enable you to perform all your duties properly and safely:					
Workforce Development > Competency Management > Track personal Comp. > Education	List All Completed College Degrees				
	Degree	Year Received	Field of Study/Major	Institution	Location (City/State)
	Check Highest Educational Degree At Appointment				
	Less than high school	Two-year degree	Some graduate work	Doctorate	
	High school diploma	Four-year degree	Master's degree		
	College Degree in Progress				
Degree	Expected Completion Date	Field of Study/Major	Institution	Location (City/State)	

The information contained on this form is true and accurate to the best of my knowledge

Employee Signature _____

Date _____

Social Security Number (National ID)