



# PERSONAL DATA AND SELF-IDENTIFICATION FORM

Wesley College 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.

<b>SECTION I: Personal Information</b>			
<b>Check one:</b> <input type="checkbox"/> New Hire/Rehire <input type="checkbox"/> Change		<b>Hire Date or Effective Date of change:</b> _____ MM/DD/YYYY	
		<b>Social Security Number:</b> _____	
<b>Name:</b> _____ Last First Middle			
<b>If name is changing, new name:</b> _____ Last First Middle			
<b>Home Address:</b> _____ Street City State Zip			
<b>Personal Email Address (optional):</b> _____		<b>Birthdate:</b> _____ (MM/DD/YYYY) (required for benefit purposes)	
<b>Home Phone:</b> (_____) _____		<b>Cell Phone (optional):</b> (_____) _____	
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Marital Status:</b> <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
			<b>Citizenship:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Alien Perm) <input type="checkbox"/> Non-Resident Alien (Alien Temp)
<b>COLLEGE EDUCATION (proof of degree may be required)</b>			
<b>Highest Degree:</b> _____		<b>School:</b> _____	<b>Year Graduated:</b> _____
<b>EMERGENCY CONTACT INFORMATION</b>			
<b>Contact Name:</b> _____		<b>Relationship:</b> _____	
<input type="checkbox"/> Check here if contact's address is the same as yours			
<b>Contacts Address:</b> _____ Street City State Zip			
<b>Contact's Home Phone:</b> (_____) _____		<b>Contact's Cell Phone:</b> (_____) _____	
<b>SECTION II: OPTIONAL - SELF- IDENTIFICATION- Completion of the following 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.</b>			
<b>Ethnicity/Race (Please answer both questions):</b>			
1. <b>Hispanic Ethnicity:</b> Do you consider yourself to be Hispanic/Latino?	<input type="checkbox"/> Yes, Hispanic/Latino (Including Spain)	<input type="checkbox"/> No	
2. <b>Racial Identity:</b> In addition, select one or more of the following racial categories to describe yourself:			
<input type="checkbox"/> American Indian or Alaskan Native (including all Original Peoples of the Americas)			
<input type="checkbox"/> Asian (including Indian subcontinent, Pakistan, and Philippines)			
<input type="checkbox"/> Black or African American (including Africa and the Caribbean)			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Original Peoples)			
<input type="checkbox"/> White (including the Middle East and North Africa)			
<b>Military status (Choose all that apply):</b>			
<input type="checkbox"/> Disabled Veteran	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 A person who was discharged or released from active duty because of a service-connected disability.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> Active Duty Wartime or Campaign Badge	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.		
<input type="checkbox"/> 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		
<input type="checkbox"/> I am a protected Veteran, but do not want to identify the classification in which I belong		<input type="checkbox"/> I am not a protected Veteran I am not a Veteran	

**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 Human Resources, College Center, Room 318