Employee Personal Data Form

Print All Information

Personal Data			
Legal Name (as it appears on S	Bocial Security Card	FIRST, MIDDLE, LAST)	Salutation or Suffix:
Social Security Number:			Date of Birth (mm/dd/yyyy):
Address 1 (full street address)			Primary Phone:
Address 2 (city, state, zip code)		Secondary Phone (if applicable)	
County:	Email:		Preferred Name (if different from above):

Gender:

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Voluntary Self-Identification

Salisbury University is committed to equal opportunity in education and employment. In compliance with applicable Federal and State equal opportunity employment and affirmative action laws, Salisbury University is required to report the information requested below. Responses will be kept confidential and all information will be used only in a manner that is consistent with Federal and State reporting requirements.

Ethnicity/Race: The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, data will be aggregated and will not identify any specific individual. Colleges & Universities are asked by many, including Federal and State governments as well as national surveys to describe the racial/ethnic backgrounds of employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Ethnicity (select one)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Couth or Central American or other Spanish culture or origin regardless of race

□ Not Hispanic or Latino: