

The University of Oklahoma Employee Personal Data Form (09/17/02)



For initial hires, the PDF form must accompany the PAF. This document is not an application for employment. The University of Oklahoma is an equal opportunity affirmative action employer. The information requested on this form will only be used for statistical purposes. The university complies with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including updates and exceptions. Please provide all the data requested. **Complete side two of this form only if you hold a teaching appointment with the University of Oklahoma. This includes staff personnel who also hold a part-time teaching or research appointment. (Source for definitions: OFCCP Manual)**

Employee Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First:	MI:	Last:
Preferred name:		SSN:	Student ID:
Date of birth (MM/DD/YY):	Country of citizenship:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married

Mailing/Permanent Address

Street:	City:	State:	Zip:	County:	Telephone w/area code:
---------	-------	--------	------	---------	------------------------

Local Address: Mark here if your local address is the same as above.

Street:	City:	State:	Zip:	County:	Telephone w/area code:
---------	-------	--------	------	---------	------------------------

Race/Ethnic Identification

Mark one of the following boxes that applies to you:

- White: An individual, not of Hispanic origin, with origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black: An individual, not of Hispanic origin, with origins in any of the Black racial groups of Africa.
- Hispanic: A person of Mexico, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not of Spanish origin.
- Asian or Pacific Islander: A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic and Samoa; and on the Indian Subcontinent, includes India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan.
- American Indian or Alaskan Native: A person with origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or has community recognition as an American Indian or Alaskan Native.

Veteran Status

Mark one of the following boxes that applies to you:

- Not a veteran of the USA armed forces.
- Active reserve.
- Veteran of the USA armed forces not of the Vietnam era.
- Veteran of the USA armed forces of the Vietnam era.
- Other eligible veteran (Veterans who served on active duty in the USA armed forces during a war or campaign or expedition for which a campaign badge has been authorized.)
- Retired military.

A veteran of the Vietnam era is a person who: (a) served on active duty for more than 180 days any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge; or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Mark this box if you are a disabled veteran. A disabled (Special Disabled) veteran is a person who: (a) is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability that is rated 30% or more, (b) was discharged or released from active duty because of a service-connected disability. See 38 U.S.C. 4211.

Disability Status

Mark this box if you are an individual with a disability. A person with a disability is one who: (a) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (b) has a record of such an impairment; or (c) is regarded as having such an impairment.

BY SIGNING THIS DOCUMENT, I affirm that the information provided is true and correct, and does not misrepresent my history or qualifications. I hereby authorize and give my consent to the university to confirm all job-related information provided now and hereafter and waive my right to privacy thereto to the extent required to verify relevant background, criminal and driving record, drug testing and other permissible job-related issues. I understand that willful falsification or misrepresentation constitutes grounds for denying employment or for dismissal.

Signature: 	Date:
----------------	-------



Employee Personal Data Form - Section Two - Education (05/20/02)

NOTE: Complete this side only if you hold a teaching or research appointment with the University of Oklahoma. This includes staff personnel who also hold a part-time teaching or research appointment.

Employee Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First:	MI:	Last:
--	--------	-----	-------

Education - Please attach your academic vita or resume

Name and Location. Full address. Include country if located outside the USA.	Dates Attended From - To		Graduated MM / DD / YY	Degree Earned	Major
High School:				Not Applicable	
Undergraduate college or university:					
Graduate school or other education:					

NOTE: If you earn additional degrees after completing this document, please remember to amend this form by re-submitting this page to the Office of the Provost - Evans Hall, RM 104 - Att: Records. Personnel files will be updated upon verification.

Employment History

Position held or title	Employment Dates From - To	Employer's Name and Location. Full address. Include country if located outside the USA.

Prior Employment with OU

Have you ever worked for the University of Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, under what name?	In what capacity?	When?
---	-------------------------	-------------------	-------

Professional References

Name and Title	Full address. Include country if located outside the USA.