SVSU DATA FORM

To be Completed by New Employees:

CHECK ONE: ❑ Ms. ❑ Miss ❑ Mrs. ❑ Mr. ❑ Dr.

CHECK ONE: ❑ Jr. ❑ Sr. ❑ II. ❑ N/A

NAME: _____
(Last) (First) (Middle Initial)

HOME ADDRESS: _____
(Street) (City) (State) (Zip Code) (Country)

SUMMER ADDRESS: _____
(Street) (City) (State) (Zip Code) (Country)

SOC. SEC.: _____- _____- _____ HOME PHONE: (_____)_____ HIRE DATE: _____

BIRTH DATE: _____ SUMMER PHONE: _____ POSITION TITLE: _____

OFFICE LOCATION: _____ SUPERVISOR'S NAME: _____ WORK PHONE: _____

SEX: ❑ MALE ❑ FEMALE STATUS: ❑ SINGLE ❑ MARRIED

PERSON TO CALL IN EMERGENCY: _____
(Name) (Phone No.)

MARK HIGHEST DEGREE OR DIPLOMA	NAME OF SCHOOL OR INSTITUTION	DEGREE	MONTH & YEAR OF COMPLETION
❑ High School Diploma			
❑ GED			
❑ Trade or Craft Certification			
❑ Professional Certificate			
❑ Associates Degree			
❑ Bachelor's Degree			
❑ Master's Degree			
❑ Doctorate			

VETERAN STATUS: (Vietnam Era) ❑ YES ❑ NO
(181 days of active service between 8/5/64 & 5/7/75 and discharged with other than a dishonorable discharge.)
If yes, discharge date:_____

Disabled Veteran: (Released from active duty for a service connected disability or currently receiving VA disability) ❑ **Yes** ❑ **No**

Other Eligible Veterans: (Active duty between 7/7/41 & 4/28/52 or served in campaign or on an expedition for which campaign badge, service medal, or expeditionary medal has been awarded.) ❑ **Yes** ❑ **No**

The following information is used for federal statistical reporting purposes and is voluntary.
The information will be kept confidential. Ethnic Category: (P.A. 88 and 89 of Michigan)

❑ American Indian or Eskimo ❑ Asian or Pacific Islander (API)

❑ Black, excluding Hispanic ❑ Hispanic

❑ White, excluding Hispanic

ABA 806-10-03