

THE UNIVERSITY OF OKLAHOMA EMPLOYEE PERSONAL DATA FORM



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. This includes staff personnel who also hold a part-time teaching or research appointment.**

EMPLOYEE INFORMATION

Employee's Name: <i>(Last, First MI)</i>		SSN:	Employee ID:	Date of Birth (mm/dd/yyyy):
Country (or U.S. State) of Birth:	Country of Citizenship:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	Spouse's Name (if applicable):

LOCAL MAILING ADDRESS

Street & Apartment:		City:	State:	Zip Code:	County:
Home Phone w/area code:	Cell Phone w/area code:	Other 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 all that apply:

Separation Date (for all veterans): _____

- Does not apply
- Other protected veteran.** 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.
- 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 U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).
- Disabled veteran.** (i) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

PRIOR EMPLOYMENT WITH OU

Have you ever worked for the University of Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under what name?	Title(s):	Employment Dates:
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EDUCATION *(Staff only; Faculty fill out page two)*

High School (GED) completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	College (number of years):	Degrees completed:
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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:
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EMPLOYEE PERSONAL DATA FORM - SECTION TWO - EDUCATION

Complete this side only if you are a part-time or full-time faculty member.

Employee's Name: *(Last, First MI)*

EDUCATION - Please attach your academic vita or resume

Name and Location. Full address. Include country if located outside the USA.	Dates Attended		Graduated	Degree Earned	Major
	From	To	MM / DD / YY		
Undergraduate Institution					
Graduate Institution					
Other Educational Institution					
Other Educational Institution					

U.S. BOARD CERTIFICATION None

First Certification Year _____	Second Certification Year _____
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EMPLOYMENT HISTORY *(Not Required if CV is attached).*

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

PROFESSIONAL REFERENCES *(Not Required if CV is attached).*

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