

PERSONAL & PROFESSIONAL DATA FORM

SOUTHERN ILLINOIS UNIVERSITY

To assist the University in fulfilling its obligations under federal and state reporting requirements as well as internal record keeping, you are requested to provide the following information:

1. NAME: Last First Middle Social Security Number
2. Home phone: _____ 3. Date of birth: _____
4. Place of birth: _____
City State Country
5. Citizenship: Native Born Naturalized Not U.S. Citizen
- _____
- Citizenship Country Type of Visa/Authorization Effective Date Expiration Date
6. Gender: Male Female
7. Marital status: Single Married Name of Spouse: _____
8. Disability Status: Do you have a disability?* No Yes

*An impairment which substantially limits one or more of such person's major life activities, one who has a record of such impairment, or one who is regarded as having such an impairment.

If yes and you require accommodation to do the essential functions of your job, you should notify either your immediate supervisor or the campus ADA Coordinator.

9. Race/Ethnicity:
- White, not of Hispanic origin -- European, North African, Middle Eastern
 - Black, not a Hispanic origin -- all persons having origins in any of the Black racial groups of Africa
 - Asian or Pacific Islander -- having origins in any of the original peoples of the Far East, SE Asia, the Indian subcontinent, or the Pacific Islands
 - American Indian or Alaskan Native -- having origins in any of the original peoples of North America, or maintain cultural identification through tribal affiliation or community recognition
 - Hispanic -- Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race
10. U.S. Military experience? No Yes Branch of Service: _____
- Date entered Service: _____ Date discharged: _____
- Special disabled veteran? No Yes (Entitled to disability compensation or was discharged from active-duty due to a service-connected disability.)
- Veteran of the Vietnam-era? No Yes (Served more than 180 days active duty between 28 Feb 1968 and 07 May 1975, and was discharged or released with other than a dishonorable discharge.)
- Other veteran? No Yes (Served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.)

If you served in a campaign or expedition for which a campaign badge, service medal, or expeditionary medal was awarded, please list campaign or expedition and badge or medal received:

11. Person to Notify in Event of an Emergency: _____
Name Relationship

Address Phone Number

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12. Other State Employment: Have you ever been employed by a state-supported university in Illinois, by the State of Illinois, or by one of its agencies?

No Yes* If SIU, type(s) of appointment: Faculty Administrative/Professional Civil Service

If not SIU, list institution or agency and dates of employment:

*You must provide documentation verifying employment from previous state employer in order to receive credit towards vacation accrual.

13. Graduate Assistant Appointment: Have you been previously appointed as a graduate assistant at SIUC? No Yes

14. Education: (Please provide transcripts of college and university coursework.)

Dates attended Institution and location Major Degree Date conferred

15. Educational Loan Certification: Illinois Public Act 85-0827 (5ILCS 385) requires that all state agencies obtain certification that employees hired after January 1, 1988 are not in default on educational student loans from the State of Illinois or from any other public funds. Are you in default for a period of six months or more AND in the amount of \$600 or more, on the repayment of any educational loan guaranteed by the Illinois State Scholarship Commission or made from state or federal funds for the purpose of attendance at an institution of higher education?

No Yes*

*If you are in default on repayment of an educational loan, YOU must contact the lender and establish a repayment plan within six months of the date of your hire and have them provide us with a WRITTEN certification that the repayment plan is satisfactory. In accordance with the Act, failure to do so requires that the State agency shall terminate the individual's employment. Arrangements may be made through payroll deductions in accordance with the State Salary and Annuity Withholding Act.

Note: Falsification of this information may result in rejection of your application or termination of your employment.

16. Information for School of Medicine Faculty only -- Residency/Fellowship:

Beginning and Ending Dates Institution and location Specialty

Board certified: No Yes Date: _____ Specialty: _____

No Yes Date: _____ Specialty: _____

Board eligible: No Yes Illinois license number: _____

I hereby affirm that all of the information provided on this document is true and correct, and I understand that misrepresentation or omission of information may constitute grounds for termination of employment from Southern Illinois University.

Signature: _____ Date: _____