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DEPARTMENTAL Employee Information formReason: New Update *Personal Information to be collected by Departments* Effective Date:

Legal Last Name:				Legal First Name:			
Middle Initial:		*Chosen First Name:			• It is the policy of Binghamton University to allow any employee to identify a chosen first name.		
Birth Last Name:		Date of Birth:	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Volunteer Firefighter/EMT <input type="checkbox"/> Yes <input type="checkbox"/> No		**Federal Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Status/Visa Type:	Country of Citizenship:		(Optional) Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Incl, but not limited to Non-Binary, Intersex, genderfluid)			
** (Federal requirements mandate the use of F(Female) or M(Male) categories when reporting on gender. Please choose which gender marker you would like to use for federal reporting purposes)							
Retirement Information:							
Are you a retiree collecting a NY Public Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, which retirement system?			
What year did you retire?				Which agency are you retired from?			
Legal Address:							
Street Address:				City:			
State:		Zip:		Home Phone: () -			
Home email:				Cell Phone: () -			
Education							
Mandatory if position requires a degree							
If a complete Vita is attached, which includes ALL the following information, this may be left blank							
Date Degree Awarded:		Degree	Specialization	College or University	State/ City:	Degree Country	Highest Degree?
Month	Year	Type					
Degree in progress							
Initial Date:		Degree	Specialization	College or University	State/City:	Degree Country	
Month	Year	Type					
Training/Skill/Certification							
Date Issued	Expiration Date	Type	Specialization	Received from/Issued By		Re-Certification Date	
Emergency Contact							
First Name		Last Name:		Street: City:		State:	Zip:
<input type="checkbox"/> Cell Phone			Email		Relationship		
<input type="checkbox"/> Home Phone							