

Personal Data Form

New Hire
Rehire
Change _____

Medical College of Georgia
Human Resources Division

Note:
• Name changes require SS Card with new name.
• Marital Status changes require legal documentation.

Primary Name (as it appears on SS Card)		Prefix:	Doctor	Miss	Mister	Mrs.	Ms.
_____	_____	_____	_____	_____	_____	_____	_____
First	Middle	Last	Suffix				
Preferred Name:		_____					

Home Address:	Mailing Address: (If different from Home Address)		
_____	_____		
Address	Address		
_____	_____		
City	State	City	State
_____	_____	_____	_____
County	Zip Code	County	Zip Code

Telephone Information:			
Home	(____) _____ - _____	Cell	(____) _____ - _____
Pager	(____) _____ - _____	Other	(____) _____ - _____

Highest Education Level:	
Less than High School Grad	Bachelor Level Degree
High School Grad/Equivalent	Some Graduate School
Some College	Master's Level Degree
Educational Specialist	Doctorate (Academic)
Technical School	Doctorate (Professional)
2 Year College Degree	Post-Doctorate

Gender:
Male Female

Marital Status:	
Single	Divorced*
Married*	Widowed*
*Status Date: ____/____/____	

Military Status: (<i>voluntary – definitions attached</i>)	
I'm <i>not</i> a veteran	Newly Separated Veteran
Vietnam – Era Veteran	Other Protected Veteran
Special Disabled Veteran	I do not want to identify my veteran status

Disability Status: (<i>voluntary</i>)
I am a disabled person
I am not a disabled person
I do not want to identify my disability status

Date of Birth: ____/____/____	Birth Country: _____
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Ethnic Group/Race:
I consider myself to be Hispanic or Latino? Yes No
In addition, please select one or more of the following racial categories to describe yourself:
American Indian/Alaskan Native
Asian
Black/African American
Native Hawaiian or Pacific Islander
White

MCG Status/History:
I have previously been employed by MCG Yes, employment ended ____/____/____ No
I am currently enrolled as a Full-Time MCG Student Yes No
I am related to a current MCG Employee Yes No

Citizenship Status:
I am A citizen or national of the United States
A Lawful Permanent Resident
A Non-Resident Alien authorized to work in the U.S.

Retirement Information:
Are you a retiree of any other Georgia state retirement plan?
Yes No

Emergency Contact Data:	Primary- Please select only one as Primary
(1) _____	(____) _____ - _____
Name Relationship	Phone Number
(2) _____	(____) _____ - _____

I understand that any changes to Personal Data indicated on this form, should be reported to Human Resources within **14 days** of the change.

Signature: _____

Date: ____/____/____ revised 2/25/10 mjc

Purpose

The Personal Data Form is designed to allow the Human Resources Department to collect accurate personal data directly from employees. Information collected on this form is confidential, **unless designated as "directory information,"** and used only for employment and payroll purposes or to meet Institution, Board of Regents, State and Federal reporting requirements.

Directory information: *An employee's name, job title, and dates of employment which may be released without an employee's authorization to a prospective employer who contacts MCG to verify your employment.*

In order to fulfill Federal tax reporting requirements, we enter your name in our system exactly as it is shown on your Social Security Card. You will be required to present your Social Security Card at the time of in-processing to verify this information. Please note your paycheck will be issued in the name that appears on your Social Security Card. If the name that appears on your Social Security Card is not the name that you currently use, (i.e., you have had a name change), you must visit the Social Security Administration and have your name changed on your Social Security Card. Once you provide your new Social Security Card to HR, we will change your name in our system.

Equal Employment Compliance and Requested Employee Information

The Medical College of Georgia is committed to ensuring compliance with affirmative action/equal employment opportunity laws by providing equal opportunity to employees without regard to age, disability, gender, national origin, race, religion, sexual orientation or status as a Vietnam War Era Veteran. Employee personal data collected to meet this obligation include: Birth Date, Gender, Ethnic Group, Military Status, and Disability Status.

▪ **Birth Date, Gender, and Ethnic Group**

MCG is required to report institutional employee statistics annually based on our employee population's age, gender, and ethnic group data. To obtain this information, MCG collects Race/Ethnicity data based on the federal standard of 1) The distinction of Hispanic or Latino as an ethnicity and not a race and 2) the selection of or more of the five race categories described below.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race Categories

- > **American Indian/Alaskan Native:** A person having origins in any of the original peoples of North America and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- > **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- > **Black or African American:** A person having origins in any of the black racial groups of Africa.
- > **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.
- > **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

▪ **Self-Identification of Disabled and Veteran Status**

As an employer and government contractor, MCG is subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974. Under these Acts, the Institution is obligated to take affirmative action to employ and advance in employment qualified persons who are members of the above-named groups. Disclosure of this information is strictly **voluntary**. No adverse consequences will result from providing this information, or from refusing to provide it. Please see below for brief descriptions of military status listed on our form that are considered protected veterans.

You may be considered a person with a disability if you:

- have a physical or mental impairment that substantially limits you in one or more major life activities; or
- have a record of having such impairment; or
- are regarded as having such impairment.

You are considered a disabled Veteran if you:

- are entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or rated at 10-20% in the case of a veteran who has a serious employment handicap; or
- were discharged or released from active duty for a disability incurred or aggravated in the line of duty while serving in the United States Armed Forces at any time.

You are considered a Vietnam Era Veteran if you:

- served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961 and May 7, 1975 in the Republic of Vietnam; or August 5, 1964 and May 7, 1975, in all other cases, and (1) served on active duty in the U.S. military, ground, naval or air service for more than 180 days and (2) were discharged or released without a dishonorable discharge, or
- were discharged or released from active duty for a service connected disability, if any part of such active duty was performed between February 28, 1961 and May 7, 1975.

You are considered an other protected Veteran if you:

- served on active duty in the U.S. military, ground, naval or air service during a war; or
- served on active duty during a campaign or expedition for which a campaign badge, service medal, or expeditionary medal has been awarded.

You are considered a Newly Separated Veteran if you:

- served on active duty in the U.S. military, ground, naval or air service, and
- were discharged or released from active duty less than one year before today's date.

Emergency Contact Data

MCG requests the name, relationship, and phone number for two individuals that Human Resources may contact in case of an emergency.