

Personal Data Form

Augusta University (AU)
Human Resources Division

- New Hire
 Rehire
 Change _____

Note:

- Name changes require SS Card with new name.
- Marital Status changes require legal documentation.

Primary Name (as it appears on SS Card)				Prefix: <input type="checkbox"/> Doctor <input type="checkbox"/> Miss <input type="checkbox"/> Mister <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
_____		_____		_____		_____	
First		Middle		Last		Suffix	

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

Telephone Information: (Please check your preferred number)					
Home	(____) _____ - _____	<input type="checkbox"/>	Cell	(____) _____ - _____	<input type="checkbox"/>
Pager	(____) _____ - _____	<input type="checkbox"/>	Other	(____) _____ - _____	<input type="checkbox"/>

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

Gender:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> I do not wish to provide this information	

Marital Status:	
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced*
<input type="checkbox"/> Married*	<input type="checkbox"/> Widowed*
*Status Date: ___/___/___	

Race:	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> I do not wish to provide this information
<input type="checkbox"/> Black or African American	

Ethnic Group:	
<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Not Hispanic Latino	
<input type="checkbox"/> I do not wish to provide this information	

Date of Birth: ___/___/_____	Birth Country: _____
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AU Status/History:
I have previously been employed by AU:
<input type="checkbox"/> Yes, employment ended ___/___/___
<input type="checkbox"/> No
I am currently employed by AU or any other USG Institution:
<input type="checkbox"/> Yes, department/institution: _____
<input type="checkbox"/> No

AU Status/History:
I am currently enrolled as a Full-Time AU Student:
<input type="checkbox"/> Yes
<input type="checkbox"/> No
I am related to a current AU Employee:
<input type="checkbox"/> Yes
<input type="checkbox"/> No

USG Employment:
I am currently an employee at another USG Institution:
<input type="checkbox"/> Yes
<input type="checkbox"/> No

Retirement Information:
I am a retiree of another Georgia State retirement plan:
<input type="checkbox"/> Yes, retirement plan: _____
<input type="checkbox"/> No

Emergency Contact Data:		Primary- Please select only one as Primary	
(1)	_____	_____	<input type="checkbox"/> (____) _____ - _____
	Name	Relationship	Phone Number
(2)	_____	_____	<input type="checkbox"/> (____) _____ - _____
	Name	Relationship	

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 12/2015

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 AU 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

Augusta University 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 Protected Veteran. Employee personal data collected to meet this obligation include: Birth Date, Gender, Ethnicity, Race Veteran Status, and Disability Status.

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

AU is required to report institutional employee statistics annually based on our employee population's age, gender, ethnicity and race data. To obtain this information, federal regulations require that the invitation to self-id must be made at any time after an offer of employment but before the employee begins his/her job duties.

Emergency Contact Data

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