

Personal Data Form

Non-Paid Affiliate

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: Doctor Miss Mister Mrs. 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 (____) _____ - _____ Cell (____) _____ - _____

Pager (____) _____ - _____ Other (____) _____ - _____

Highest Education Level:

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

Gender:

Male Female

I do not wish to provide this information

Marital Status:

Single Divorced*

Married* Widowed*

*Status Date: ___/___/___

Race:

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Multi-racial
- I do not wish to provide this information

Ethnic Group:

- Hispanic/Latino
- Not Hispanic Latino
- I do not wish to provide this information

Date of Birth: ___/___/____ **SSN:** _____ **Birth Country:** _____

AU Status/History:

I have previously been employed by AU:

- Yes, employment ended ___/___/___
- No

I am currently employed by AU or any other USG Institution:

- Yes, department/institution: _____
- No

AU Status/History:

I am currently enrolled as a Full-Time AU Student:

- Yes
- No

I am related to a current AU Employee:

- Yes
- No

USG Employment:

I am currently an employee at another USG Institution:

- Yes
- No

Retirement Information:

I am a retiree of another Georgia State retirement plan:

- Yes, retirement plan: _____
- No

Emergency Contact Data: **Primary- Please select only one as Primary**

(1) _____ Relationship _____ (____) _____ - _____
Name Phone Number

(2) _____ Relationship _____ (____) _____ - _____
Name Phone Number

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.