

**Personal Data Sheet**

Please print clearly and check all that apply.

<input type="checkbox"/> New Hire: Personal Email Address: _____	
<input type="checkbox"/> Record Update: Send form via fax to 407-882-9047 or interoffice to HR, +0140. For name changes, include copy of Social Security Card.	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <b>Name</b> _____ <small align="right">Name as it appears on Social Security Card</small>	
<b>Citizenship</b>	<input type="checkbox"/> Native <input type="checkbox"/> Naturalized      Citizenship Country _____
	<input type="checkbox"/> Alien Permanent                                      Visa Type _____
	<input type="checkbox"/> Alien Temporary                                      Work Auth. Exp. Date _____
<b>Ethnic Group(s): Step 1: Choose One</b>	<b>Ethnic Group(s): Step 2: Choose One or More Ethnicities</b>
<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <i>If two or more ethnicities, please circle one as a primary</i>
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birth Date</b> _____ (mm/dd/yyyy)
<b>Marital Status</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
<b>Military Status</b>	<b>Disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not a Veteran <input type="checkbox"/> Recently Separated Vet <input type="checkbox"/> Armed Forces Svc Medal Vet	<input type="checkbox"/> Disabled Vet <input type="checkbox"/> Active Duty/Campaign Badge Vet <input type="checkbox"/> Not a Protected Vet
<b>Home Address</b> <i>Physical Address required. P.O. Boxes will not be accepted.</i>	Phone _____ Cell _____
Street _____	City _____ State _____ Zip _____
County _____	Country _____
<b>Mailing Address</b>	Street _____
<input type="checkbox"/> Same as Home Address	City _____ State _____ Zip _____
	County _____ Country _____
<b>Emergency Contact</b>	Name _____ Relationship _____
<input type="checkbox"/> Same address as employee	Phone _____ Cell _____
	Street _____
	City _____ State _____ Zip _____
	County _____ Country _____
<b>Public Records</b>	Are you or your spouse a former or active law enforcement officer, judge, or member of a protected class under Florida Statute 119? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employment of Relatives</b>	Do you have any relatives who are currently employed by UCF? Persons who intend to marry, or with whom the employee intends to form a domestic partnership or other intimate relationships are included in the definition of relative. If yes and the relative works within the same unit, department, or college, an Employment of Relatives form must be completed and approved prior to employment. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Relative's Name: _____
	Relative's Department: _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Personal Data Sheet

## *Ethnic Groups*

**White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

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

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), who maintains cultural identification through tribal affiliation or community attachment.

**Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

## *Military Status*

**Not a Veteran:** a person who has not served in active duty with any branch of the United States Armed Forces.

**Recently Separated Veteran:** any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

**Armed Forces Service Medal Veteran :** A veteran who, while service on active duty in the U.S military ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Disabled Veteran:** A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs; or a person who was discharged or released from active duty because of service-connected disability.

**Active Duty Wartime or Campaign Badge Veteran:** A veteran who served on active duty in the U.S military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Not a Protected Veteran:** a person who DOES NOT fall under the protected veteran status of 1) Recently Separated Veteran 2) Armed Forces Service Medal Veteran 3) Disabled Veteran 4) Active Duty Wartime or Campaign Badge Veteran.