

Return this form to:
HR Service Center
hrservic@syr.edu
Phone 315.443.4042 Fax 315.443.1063
Skytop Office Bldg., Suite 101, Syracuse, NY 13244

Syracuse University collects data for a variety of reasons such as the administration of our benefit plans, affirmative action and workforce planning. As an affirmative action/equal employment opportunity employer, the University is required to maintain accurate information about our employees and take affirmative action on behalf of protected veterans and other specified protected groups. The information you submit will be treated confidentially and used consistent with these important objectives and government reporting requirements.

If you are an employee new to the University or you experience a change in one of the statuses indicated below, please complete and return this form to: hrservic@syr.edu or Human Resources, Skytop Office Building, Syracuse, NY 13244-5300. Should you have any questions, please contact Human Resources at hrservic@syr.edu or 315.443.4042.

PERSONAL INFORMATION

SUID Social Security Number Date of Birth*

Last Name* Middle Initial* First Name*

Current Mailing Address*

City* State* ZIP*

Primary Personal Phone* Campus Phone Email

Sex*: Male Female Intersex Sex not listed; please indicate: _____

Gender: Man Woman Gender not listed; please indicate: _____

Citizenship*: U.S. Citizen Permanent Resident Non-Resident Alien, authorized to work until: _____

Marital Status*: Unmarried Married Divorced Separated Widowed

EDUCATION

Education Level Completed	Major/Degree	Name of Institution
<input type="checkbox"/> Less than High School	_____	_____
<input type="checkbox"/> High School Diploma	_____	_____
<input type="checkbox"/> Technical College	_____	_____
<input type="checkbox"/> Associate's	_____	_____
<input type="checkbox"/> Bachelor's	_____	_____
<input type="checkbox"/> Master's	_____	_____
<input type="checkbox"/> J.D.	_____	_____
<input type="checkbox"/> M.D.	_____	_____
<input type="checkbox"/> Ph.D./Doctoral Degrees	_____	_____

*Indicates a Required Field

RACE/ETHNIC GROUP

Are you Hispanic or Latino?

- Yes No

What is your race? (Check all that apply)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

MILITARY INFORMATION

What is your United States Armed Forces Status? If you answer Current Dependent, Not a Veteran or Prefer not to Answer, you do not need to complete the additional questions.

- Currently Serving Previously Served Current Dependent Not a Veteran Prefer not to answer

Tell us more about your current service:

- National Guard
 On Active Military Duty
 U.S. Reserves
 Veteran of U.S. Armed Forces

Please identify your branch of service (check all that apply):

- Air Force
 Army
 Coast Guard
 Marine Corps
 Navy

Start Date of Service (earliest date of service): _____ MM/DD/YYYY

End Date of Service (if applicable): _____ MM/DD/YYYY

Select one of the following (if applicable):

- Disabled Veteran
 Other Protected Veteran

Did you receive an Armed Forces Service Medal?

- Yes
 No

Are you interested in receiving communication and information from the Institute for Veterans and Military Families?

- Yes No

Signature

Date

FORM DEFINITIONS:

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

American Indian or Alaskan Native: A person having origins in any of the original peoples of North tribal or South America (including Central American) and who maintains tribal affiliation or a 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 Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

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

Disabled Veteran: A Veteran who served on active duty in the U.S. military and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran: A veteran who served on active duty in the U.S. military during a war, or in a campaign or expedition for which a campaign badge was authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal: A veteran who, while serving on active duty in the U.S. military, participated in a U.S. military operation that received an Armed Forces service medal.