

**STATE UNIVERSITY OF NEW YORK
COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY**

EMPLOYEE QUESTIONNAIRE

- **New employees** are required to complete this full form, then sign and date at the bottom.
- **Returning employees** are required to fill in name and anywhere changes have occurred, and then sign and date at the bottom; **if no changes**, fill in the name and **check this box** , then sign and date at the bottom.

Preferred

Salutation Dr. _____ Ms. _____ Mrs. _____ Miss _____ Mr. _____

Sex: Male ___ Female ___ Gender Identity: Male ___ Female ___ X ___

Social Security No. _____ Date of Birth: Mo. ___ Day ___ Yr. ___

Name: _____ Other Name (if applicable): _____

Permanent Address: _____

Campus Address: _____ Phone: _____

U.S. Citizen: Yes ___ No ___ (if no, VISA Type) ___ Country of Birth _____

Are you Hispanic or Latino? Yes ___ No ___

Regardless of your answer to the prior question, please indicate how you identify yourself. (Select one or more)

___ Black or African American ___ Native American or Alaska Native
___ White ___ Asian ___ Native Hawaiian or Other Pacific Islander

Emergency Notification:

Name _____ Relationship _____

Address _____ Phone _____

I hereby certify that the above information is true and accurate to the best of my knowledge. I understand that intentional or negligent falsification of the above information and/or information on the attached resume could lead to my dismissal.

Signature

Date