

HARRIS-STOWE STATE UNIVERSITY

EMPLOYMENT INFORMATION

Affirmative Action Information

Full Name: _____ Hire Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Birth Date: _____ Social Security No.: _____ Female Male Prefer Not To Say

Position: _____

Emergency Contact Name and Phone:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Marital Status? Married Single Widowed Divorced Prefer Not To Say

Race/Ethnic Identification

Race/Ethnic Identification (check one):

Are you Hispanic or Latino? Yes No

If you answered "Yes" you have completed this section. If you answered "No" please select a race from the options below.

- White (Not Hispanic or Latino) Black or African American (Not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) Asian (Not Hispanic or Latino)
 American Indian or Alaska Native (Not Hispanic or Latino) Two or More Races (Not Hispanic or Latino)
 I do not wish to disclose

Education

High School: _____ **Location:** _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ **Location:** _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ **Location:** _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ **Location:** _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ **Location:** _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____