

# PERSONAL DATA FORM (PDF)

# GEORGIA STATE UNIVERSITY

GEORGIA STATE UNIVERSITY IS REQUIRED TO COLLECT & REPORT GENERAL EMPLOYEE DEMOGRAPHIC STATISTICS.  
INDIVIDUAL INFORMATION IS TREATED CONFIDENTIALLY AND RELEASED ONLY IN ACCORDANCE WITH LAW.

LEGAL NAME: FIRST NAME		MIDDLE NAME	LAST NAME	SOC SEC # xxx-xx-xxxx	DATE of BIRTH MM/DD/YYYY
PREFERRED NAME (E.G., FOR PHONE BOOK)		27+(5 /(*\$ / MAIDEN 1\$0(	PREFERRED TITLE (circle one)	NONE	DR. MS. MRS. MISS
HOME STREET ADDRESS (PERMANENT ADDRESS) (number and street or rural route)					APT#
CITY	COUNTY	STATE	ZIP		
MAILING ADDRESS (IF DIFFERENT)					
CITY	STATE	HOME	ZIP		
HOME PHONE (xxx)xxx-xxxx	OTHER PHONE (xxx)xxx-xxxx	EMAIL			
EMERGENCY CONTACT PERSON		CONTACT'S RELATION TO YOU			
CONTACT'S ADDRESS		CONTACT'S PHONE (xxx)xxx-xxxx			

SEX/MARITAL STATUS	PRIMARY ETHNIC SELF-IDENTIFICATION		CITIZENSHIP STATUS
<input type="radio"/> FEMALE <input type="radio"/> MALE  <input type="radio"/> SINGLE <input type="radio"/> MARRIED	<input type="radio"/> HISPANIC OR LATINO	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	<input type="radio"/> NATIVE OF THE U.S.  <input type="radio"/> NATURALIZED CITIZEN OF THE U.S.  <input type="radio"/> LAWFUL PERMANENT RESIDENT OF U.S.  Alien #  <input type="radio"/> NON-RESIDENT ALIEN/ FOREIGN NATIONAL AUTHORIZED TO WORK IN U.S.  Alien # or Admission # IF NON-RESIDENT/LAWFUL PERMANENT RESIDENT:  COUNTRY OF CITIZENSHIP:  VISA TYPE:  VALID UNTIL: (MM/DD/YYYY)
	<input type="radio"/> NOT HISPANIC OR LATINO		
PRIMARY RACIAL SELF-IDENTIFICATION			
PRIOR EMPLOYMENT	<input type="radio"/> ASIAN	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.	
HAVE YOU PREVIOUSLY WORKED FOR:	<input type="radio"/> BLACK OR AFRICAN-AMERICAN	Having origins in any of the black racial groups of Africa. Includes persons who indicated their race as Afro-American, Black Puerto Rican, Jamaican, Nigerian, West Indian, or Haitian.	
	<input type="radio"/> WHITE OR CAUCASIAN	Having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
<input type="radio"/> Georgia State University	<input type="radio"/> NATIVE AMERICAN/ ALASKA NATIVE TRIBAL AFFILIATION:	Having origins in any of the original peoples of North, Central, or South America, and maintaining tribal affiliation or community attachment.	
<input type="radio"/> University System of GA	<input type="radio"/> NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	Having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="radio"/> State of Georgia	<input type="radio"/> MULTI-RACIAL	Per Georgia law, having parents of different races. Please List All That Apply:	
DATES FROM/TO:			

DISABILITY STATUS		YES	NO
1	CAN YOU PERFORM THE ESSENTIAL DUTIES OF THE POSITION, WITH OR WITHOUT REASONABLE ACCOMMODATION?	<input type="radio"/>	<input type="radio"/>
2	DO YOU REQUIRE ACCOMMODATION OF A DISABILITY IN ORDER TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, AS ADDRESSED UNDER THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990?	<input type="radio"/>	<input type="radio"/>
3	IF YES TO #2, PLEASE SUGGEST ACCOMMODATIONS THAT YOU BELIEVE WOULD BE REASONABLE & WOULD ALLOW YOU TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB (attach sheet if needed)		

MILITARY STATUS		YES	NO
1	ARE YOU CURRENTLY A MEMBER OF THE US ARMED FORCES (WHETHER ACTIVE DUTY, GUARD, OR RESERVE UNIT)?	<input type="radio"/>	<input type="radio"/>
2	DURING THE LAST 12 MONTHS, HAVE YOU SERVED ON ACTIVE DUTY IN THE U.S. MILITARY, GROUND, NAVAL, OR AIR SERVICE, AND BEEN DISCHARGED OR RELEASED FROM ACTIVE DUTY?	<input type="radio"/>	<input type="radio"/>
3	DO YOU QUALIFY UNDER FEDERAL GUIDELINES AS A SPECIAL DISABLED VETERAN?	<input type="radio"/>	<input type="radio"/>
4	DO YOU QUALIFY UNDER FEDERAL GUIDELINES AS A VETERAN OF THE VIETNAM ERA?	<input type="radio"/>	<input type="radio"/>
5	DO YOU QUALIFY UNDER FEDERAL GUIDELINES AS A VETERAN WHO SERVED ON ACTIVE DUTY DURING A WAR OR CAMPAIGN FOR WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED?	<input type="radio"/>	<input type="radio"/>

THE INFORMATION BELOW IS USED FOR BENEFITS RECORDKEEPING, AND/OR IN THE PREPARATION OF VARIOUS CAMPUS INFORMATION SOURCES, SUCH AS THE CAMPUS PHONE DIRECTORY. THE UNIVERSITY SYSTEM OF GEORGIA IS SUBJECT TO THE GEORGIA OPEN RECORDS ACT; PRIVATE INFORMATION SUCH AS SOCIAL SECURITY NUMBERS AND MEDICAL INFORMATION ARE NOT RELEASED UNDER THE ACT.

**CAMPUS LOCATION**

NAME: BUCKHEAD CENTER		GSU HOME DEPARTMENT: EXECUTIVE DOCTORATE IN BUSINESS		DID YOU RECEIVE A PROVISIONAL GSU EMAIL ACCOUNT? YES      NO X		CAMPUS EMAIL ADDRESS:	
SOC SEC #							
PRIMARY OFFICE LOCATION		BLDG: TOWER PLACE 200			ROOM: 543		
PRIMARY PHONE NUMBER		ACTUAL EXTENSION (the phone # on your desk): 404-413-2000 x53884			PUBLISHED EXTENSION (the phone # you want listed in the directory)		
SECONDARY OFFICE LOCATION		BLDG: N/A			ROOM: N/A		
SECONDARY PHONE NUMBER		ACTUAL EXTENSION (the phone # on your desk): N/A			PUBLISHED EXTENSION (the phone # you want listed in the directory): N/A		

**FAMILY INFORMATION (Required for beneficiaries & individuals covered by your benefit plans)**

ARE YOU RELATED, BY BLOOD OR MARRIAGE, TO ANY EMPLOYEE OF GEORGIA STATE UNIVERSITY? IF YES, PLEASE GIVE NAME & TITLE OF RELATIVE(S), AND YOUR FAMILY RELATIONSHIP TO THEM						<input checked="" type="radio"/> YES <input type="radio"/> NO	
SPOUSE/DOMESTIC PARTNER	NAME: N/A	<input checked="" type="radio"/> SPOUSE <input type="radio"/> PARTNER	DATE OF BIRTH	N/A	SOC SEC #	N/A	
DEPENDENT CHILD	NAME: N/A	<input checked="" type="radio"/> DAUGHTER <input type="radio"/> SON	DATE OF BIRTH:	N/A	SOC SEC #	N/A	
DEPENDENT CHILD	NAME: N/A	<input checked="" type="radio"/> DAUGHTER <input type="radio"/> SON	DATE OF BIRTH:	N/A	SOC SEC #	N/A	
DEPENDENT CHILD	NAME: N/A	<input checked="" type="radio"/> DAUGHTER <input type="radio"/> SON	DATE OF BIRTH:	N/A	SOC SEC #	N/A	
DEPENDENT CHILD	NAME: N/A	<input checked="" type="radio"/> DAUGHTER <input type="radio"/> SON	DATE OF BIRTH:	N/A	SOC SEC #	N/A	
DEPENDENT CHILD	NAME: N/A	<input checked="" type="radio"/> DAUGHTER <input type="radio"/> SON	DATE OF BIRTH:	N/A	SOC SEC #	N/A	

**EDUCATION (List your high school/GED and all post-secondary degrees, starting with the MOST RECENT)**

DEGREE	INSTITUTION CITY, STATE, COUNTRY	MAJOR FIELD OF STUDY	YEAR DEGREE AWARDED

I certify that the information provided on this form is accurate and that misrepresentation or omission of material fact(s) represents grounds for termination of employment if discovered at a later date. I authorize Georgia State University to investigate and verify, without liability, all statements provided on this form.

SIGNATURE:	DATE:	For HR Use Only: EMPLID
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