

FACULTY BIO/DEMO INFORMATION

Department: _____

Last Name	First Name	M.I.	Social Security Number	
Street Address			Telephone Day	
			Telephone Evening	
City	State	Zip	County	Township
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or more Races		
Are you currently enrolled in the SERS or PSERS retirement plan? <input type="checkbox"/> No <input type="checkbox"/> Yes, SERS <input type="checkbox"/> Yes, PSERS Are you receiving a pension from SERS or PSERS? <input type="checkbox"/> No <input type="checkbox"/> Yes, SERS <input type="checkbox"/> Yes, PSERS		ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Are you a United States Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attach DD-214 or similar official verification of your service.				
Were you ever convicted of a criminal offense or have you ever forfeited bond or collateral in connection with a criminal charge? (Criminal offenses include: felonies, misdemeanors and summary offenses.) A conviction is an adjudication of guilt, including determination before a district justice or in criminal court resulting in a legal penalty such as a fine, sentence or probation. Omit minor traffic violations. If "YES" for conviction, you must list the offense, date of conviction and disposition. Use separate sheet of paper if necessary. <input type="checkbox"/> YES <input type="checkbox"/> NO				
EDUCATION HISTORY				
HIGH SCHOOL	_____ Name of School _____ City & State		Major	Date of Graduation
UNDERGRADUATE COLLEGE OR UNIVERSITY (please forward original transcripts to Department)	_____ Name of School _____ City & State		Degree Awarded & Field of Study	Degree Completion Date
GRADUATE COLLEGE OR UNIVERSITY (please forward original transcripts to Department)	_____ Name of School _____ City & State		Degree Awarded & Field of Study	Degree Completion Date
GRADUATE COLLEGE OR UNIVERSITY (please forward original transcripts to Department)	_____ Name of School _____ City & State		Degree Awarded & Field of Study	Degree Completion Date
OTHER (please forward original transcripts to Department)	_____ Name of School _____ City & State		Degree Awarded & Field of Study	Degree Completion Date
I hereby authorize investigation of all statements contained on this form. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form is cause for termination of employment. I also agree to abide by all regulations of the University.				
_____			_____	
Signature			Date	