



EMPLOYEE DATA FORM

Please Print:

University ID Number: _____ **Birth Date:** _____

Last Name: _____ **First:** _____ **Middle:** _____

Suffix: _____ **Prefix:** _____ **Preferred First Name:** _____

Mailing Address:

Street: _____

City: _____ **State:** _____ **Zip:** _____

If address is a PO Box number, provide a street address:

Street: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone Number: ()-_____

County of Residence: _____

Gender: **Female** **Male** **Other**

Marital Status: **Single** **Married** **Other**

Citizenship: **U.S. Citizen** **Permanent Resident** **Non-resident Alien**

Ethnic & Race Self-Identification

The information listed in this section is requested in order to comply with regulations established by the U.S. Equal Employment Commission in conjunction with Title VII of the Civil Rights Act. *Completion of ethnic & race identification is optional.*

Please check one or more listed below as appropriate.

Ethnic Identification

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Race Identification

- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original people 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.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Multi-Racial or Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- Other** – I choose not to disclose

Emergency Contact Information

A. Name: _____ **Relationship:** _____
Street: _____ **Phone:** (____) ____ - _____
City: _____ **State:** _____ **Zip:** _____

B. Name: _____ **Relationship:** _____
Street: _____ **Phone:** (____) ____ - _____
City: _____ **State:** _____ **Zip:** _____

Diploma/Degree Information

Education	Institution	Major	Type of Degree or Hours Completed	Date of Graduation
High School/GED				
Associate Degree				
Bachelor's Degree				
Master's Degree				
Doctorate				

Certifications

**Certification(s) – Please provide any professional certification(s) that you currently possess.
(ex. CPA, Microsoft Certification)**

Certification	Professional Affiliation	Valid From Date	Expiration Date

By providing your signature here, you are acknowledging your statements on this document are correct.

Signature

Date

INDIANA STATE UNIVERSITY

CONFIDENTIAL DATA AND COMPUTER USER AGREEMENT

As a user of computer and other resources at Indiana State University, I agree to abide by the guidelines, policies and practices in effect or which may be instituted in the future to ensure the security and privacy of student's academic records, employee's personnel records, social security numbers and any other personal information to which I have access. The access to ISU data, which I have been or may be granted access to, is to be used solely in connection with performance of my authorized job functions and is the sole property of the University. Use of this data for anything other than University business is expressly prohibited.

I understand that if I am granted access to student academic records, I must review and adhere to the provisions of the Family Education Rights and Privacy Act of 1974 (FERPA). An online tutorial and PowerPoint can be found at: http://www.indstate.edu/registrar/FERPA_training.html.

All information processed through Banner HR, Finance, Financial Aid and/or Student modules, or any other additional University Systems, is considered sensitive and/or confidential. Access to this information is limited to a legitimate, "need to know" basis and is restricted to information directly related to my assigned duties within the University. If I knowingly, intentionally, recklessly or negligently disclose information to others that is confidential, misuse any information available to me, provide my access information to others, and/or leave my computer accessible and unattended when it may be accessible to others, I may be subject to sanctions up to and including termination of employment. I also understand that such disclosure may result in personal liability, loss of access to data necessary to perform my job duties, and/or civil or criminal penalties may apply under the provisions of Indiana Code 4-1-10 and 4-1-11 or other applicable state and federal laws. I will immediately report any perceived security violations to my supervisor and the Executive Director, Office of Information Technology, Ext. 2100.

Additional information regarding data security is located at the following websites:

Indiana State University Computing and Web Policies
<http://www2.indstate.edu/oit/Policies/policies.php>

Section V of the Indiana State University Handbook
General University Policies, Procedures and Services
<https://www.indstate.edu/handbook/900-university-wide-policies/932>

Indiana Code 4-1-10 Chapter 10. Release of Social Security Number
<http://www.in.gov/legislative/ic/code/title4/ar1/ch10.html>

Indiana Code 4-1-11 Chapter 11. Notice of Security Breach
<http://www.ai.org/legislative/ic/code/title4/ar1/ch11.html>

Any user ID and/or password issued for my exclusive use, is not to be shared with or delegated to others, and I am responsible for the security of same.

I have read the above statement; I understand it, and I agree to comply with its contents. This signed document will be part of my personnel file located in Human Resources and I have received a copy for my records.

Name (printed)

University ID Number

Department

Signature

Date

DRUG-FREEWORKPLACEPOLICY

The Drug-Free Workplace Act of 1988 requires the University to enact a policy for the purpose of creating and maintaining a drug-free workplace. Drug abuse in the workplace is contrary to the goals and objectives of Indiana State University. Failure to adhere to this policy can result in the University's ineligibility to receive any grant funds or federal contracts for up to five years. Indiana State Universities [Drug-Free Workplace Policy](#) can be found in the University handbook under the Campus-Wide Polices.

Indiana State University is committed to maintaining a drug-free campus and has developed a Drug and Alcohol Abuse Prevention Program to educate the ISU community about appropriate standards of conduct, sanctions for violations of university policy, legal ramifications of drug and alcohol abuse, health risks of alcohol and illicit drug use, and specific prevention and education efforts to assist students, faculty, and staff at ISU. These efforts are coordinated by the Division of Student Affairs, with the assistance and input of many offices and groups around ISU's campus. In addition, the ISU community is provided with an Annual Notice with specific information about ISU's Drug and Alcohol Abuse Prevention Program. The link to the Annual Notice may be found at: www.indstate.edu/daapp

POLICY:

Indiana State University policy prohibits the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances or alcohol in any part of the University or at any University activity. Legal use of alcohol may be permitted on campus only if approved by the University President or designee.

Violations of Policy: Any employee or student who is in violation of University policy or is convicted of a drug statute violation arising out of conduct occurring in the workplace or at a University activity will be subject to any one or a combination of the following:

- A verbal warning;
- A written warning;
- Disciplinary probation (students);
- Referral to the Employee Assistance Program for evaluation, assessment, and counseling for possible treatment (employees);
- Required participation in a drug or alcohol rehabilitation program;
- Suspension from duty and/or enrollment; and/or
- Termination of employment under standard University procedures.

Treatment: Any employee or student referred for treatment or other rehabilitation will be required to complete the prescribed treatment as a condition of continued employment or enrollment.

Further Information: Further information concerning legal sanctions under state and federal law may be secured from the Office of General Counsel.

Notification Requirement: Any faculty or staff member convicted of a drug violation arising out of conduct occurring in the workplace must notify either the Human Resources Office or the appropriate vice president of the conviction no later than five (5) days after the conviction.

Grant or Contract Employees: Certain grants and contracts awarded by federal, state, or local agencies or other grantors may require notification of the conviction. If the convicted employee is working under a grant or contract subject to the Drug-Free Workplace Act, ISU shall notify the grantor of the award of the employee's conviction within ten (10) calendar days of receipt of such notice either from the employee or as otherwise received.

All Employees must abide by the policy as a condition of employment.

I, (please print) _____, have read and agree to abide by the Indiana State University Drug-Free Workplace Policy and understand the sanctions and/or disciplinary measures if I am convicted of a drug statute violation occurring in the workplace. Furthermore, I agree to notify the Office of Human Resources or my department head within five (5) days following my conviction resulting from a violation, which occurred at Indiana State University.

Signature _____

University ID Number _____

Date _____

FERPA Statement of Understanding

As custodians of official University records, we all share the responsibility of protecting the privacy of the records and personal information about our students. You are required to acknowledge your responsibility in maintaining student privacy, as outlined in the Family Education Rights and Privacy Act (FERPA). Once you have read the following FERPA Statement of Understanding, complete the information in the spaces provided. **Please return the completed FERPA Statement of Understanding to the Office of Registration and Records, Parsons Hall, Room 009.**

Indiana State University defines the following items as **directory information**:

1. Full name
2. Address: campus and home
3. Telephone listing
4. E-mail address
5. Major fields of study, including teacher licensure, majors and minors
6. Participation in officially recognized activities and sports
7. Weight, height, and position of members of athletic teams
8. Dates of attendance (including current classification, matriculation, and withdrawal date)
9. Degrees, awards, honors, and dates received, including honor roll designation
10. The most recent previous educational institution attended
11. Full- or part-time status

In Banner, on reports, via the web, etc., you may see students with a "confidential" indicator on their directory information. You cannot release directory information to third-parties (parents, spouses, partners, friends, employers, or others.)

The policy regarding student records can be found in the University Standards, the undergraduate and graduate catalogs, the Schedule of Classes, and on the Office of Registration and Records website. Student records and directory information are accessible to members of the faculty and staff who have a legitimate educational need to know this information. If a student has requested confidentiality, you have a responsibility to protect this information. In fact, if a student has asked for confidentiality, you should not acknowledge that this person is even a student to outside inquirers. Instead, all inquiries should be addressed with: "I have no information about this person." If a student has not asked for confidentiality, you may release the items defined as directory information. Evaluations, program and course registration, schedules of programs and courses should not be released to anyone other than the student since it is not defined as directory information.

As employees of Indiana State University who have access to or custody of student information, you must provide adequate security for any information, files and/or records in your custody. Proper custody of student information includes, but is not limited to:

1. Keeping all student records in a secure environment.
2. Keeping all student information inaccessible to third parties by:
 - > Not leaving student records on tables, desks or in other areas open to third parties
 - > Securing computer screens so that third parties do not have view access to student information
 - > Not posting student evaluations, class lists or other personally identifiable student information
3. Shredding any document containing information that identifies a student(s).
4. Erasing, removing and destroying any electronic files containing information that identifies a student(s).
5. Not providing any information to outside parties.

I understand that I have access to information that contains personally identifiable information, the disclosure of which is prohibited by the Family Education Rights and Privacy Act of 1974. I also understand that requests for information and questions concerning the release of information should be referred to the Office of Registration and Records.

I have read the above and agree to maintain the confidentiality of student information.

Yes No

(By checking NO, access to administrative systems will not be granted and/or will be removed.)

Department _____ ID # (991-XXX-XXX) _____ Phone Number _____ E-Mail Address _____

Printed Name _____ Signature _____ Date _____



Veteran Self-Identification

Please choose your veteran status as it applies to you:

- I am not a Veteran of the United States Military.
- 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 related 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.
- Recently Separated Veteran**-A veteran separated during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military.
- Armed Forces Service Medal Veteran**-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.
- I am a veteran but not covered under the above definitions.
- I prefer not to disclose this information

If you answered 'Recently Separated Veteran' above, please enter the date of your discharge from the U.S. Military here:

Month/Day/Year _____

By providing your signature here, you are acknowledging your statements on this document are correct.

Print Name

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.