

Will you be working with or near children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be required to drive in this position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Personal Information

ID: SOCIAL SECURITY NUMBER

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Project/Dept. _____ **Supervisor** _____

(AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)

LAST NAME										FIRST NAME										MI

PREFIX/ SALUTATION	SUFFIX/ TITLE

(SEE DESCRIPTION OF CODES ON REVERSE SIDE OF THIS FORM)

MONTH	DATE OF BIRTH			ETHNIC	SEX	U.S. CITIZEN	VETERAN	SPECIAL DISABLED VETERAN	DISABILITY* SEE NOTE
	DAY	YEAR							

***NOTE**
If you are handicapped or disabled, please notify the Foundation Human Resources Department of any accommodations which SDSU Foundation could make which would enable you to perform your job properly and safely, including special equipment, changes in the physical layout of the job, or other accommodations.

PM: Payroll Check/W2 Mailing Address

STREET ADDRESS LINE 1																			
STREET ADDRESS LINE 2																			
CITY										STATE	POSTAL ZIP CODE	EXTENSION							

HO: Home Telephone

AREA CODE	TELEPHONE NUMBER	EXTENSION

Emergency Contact Information:

LAST NAME										FIRST NAME									

RELATIONSHIP

AREA CODE	TELEPHONE NUMBER	EXTENSION

San Diego State University
FOUNDATION

Description of Codes:

As a Federal Contractor, SDSU Foundation is required to compile certain biographical information on all employees and submit periodic reports to the Federal Government. In order to meet these requirements, we ask for your cooperation in completing this form. This information is used for statistical reporting purposes and processing. Any information you provide will neither enhance nor detract from your employment status with SDSU Foundation.

Please use the following codes to complete the applicable sections of the Personal Data Sheet.

<u>Prefix/Salutation</u> Dr/Mr/Ms/Mrs/Miss/Prof		<u>Suffix/Title</u> Jr/Sr/II/III/Phd/MD		<u>Disability</u>		<u>Description</u>	
				AM	Amputation		
				BL	Visually Impaired		
				DE	Hearing Impaired		
				DI	Diabetic Insulin User		
				EP	Epileptic		
				HC	Heart Condition		
				MU	Mute		
				PL	Prosthetic Limb		
				PP	Paraplegic		
				QP	Quadriplegic		
				OR	Orthopedic		
				EM	Emotional		
				SP	Speech		
				LA	Learning Disability		
				ZZ	Other		
				Blank	No Disability		
<u>Ethnic</u>		<u>U.S. Citizen</u>		<u>Description</u>			
1	White	Y	Yes				
2	Black	N	No (Complete				
3	Hispanic (not Mexican)		International Employee				
4	Pacific Islander		Sign In Form)				
5	Native American/Alaskan						
7	Mexican						
8	Filipino						
9	Other Asian						
10	Asian Indian	<u>Veteran</u>	<u>Description</u>				
11	Cambodian	O	Other Eligible Veteran Only				
12	Chinese	V	Vietnam Veteran Only				
13	Guamanian	B	Both Vietnam/Other Eligible Vet				
14	Hawaiian	Blank	None				
15	Japanese						
16	Korean						
17	Laotian	<u>Special Disabled Veteran</u>	<u>Description</u>				
18	Other Pacific Islander	Y	Yes				
19	Samoan	Blank	Not a Special Disabled Veteran				
20	Vietnamese						
21	Puerto Rican						
22	Cuban						
23	Eskimo						
24	Aleut						
25	Other Non-White						
<u>Sex</u>				<u>Emergency Contact</u>		<u>Description</u>	
M	Male			<u>Relationship</u>			
F	Female			A	Ex-spouse		
				B	Brother		
				C	Child		
				D	Friend		
				F	Father		
				G	Grandparent		
				M	Mother		
				O	Relative		
				P	Spouse		
				S	Sister		
				U	Guardian		
				X	Significant Other		