

DATA COLLECTION FORM FOR NEW APPOINTMENTS

PERSONAL INFORMATION			
NAME:		SS#:	
ADDRESS 1:		HOME PHONE:	
ADDRESS 2:		OTHER PHONE:	
DEMOGRAPHIC INFORMATION			
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male		MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married	
BIRTH DATE:			
<i>The following Demographic information fields are Optional - The University of Iowa is an equal opportunity employer. This information is collected for statistical reporting purposes only.</i>			
VETERAN STATUS: <input type="checkbox"/> No Military Service <input type="checkbox"/> Vietnam Era Vet <input type="checkbox"/> Other Vet		ETHNIC GROUP: <input type="checkbox"/> White (not of Hispanic Origin) <input type="checkbox"/> African American or Black (Not of Hispanic Origin) <input type="checkbox"/> Latino or Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native	
DISABILITY STATUS <input type="checkbox"/> Disabled Vet <input type="checkbox"/> Disabled			
CITIZENSHIP STATUS			
U.S. CITIZENSHIP STATUS:		<input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Nonimmigrant Alien	
COUNTRY OF CITIZENSHIP:			
IMMIGRATION STATUS:		IMMIGRATION START DATE:	IMMIGRATION END DATE:
FAMILY STATUS			
Required For Benefits Eligibility. Select the value that best describes your current family status. The Benefits Office will use this information to provide you with the correct materials at orientation. Your selection DOES NOT determine your benefits or insurance plan. You are not required to select a benefits/insurance plan until after your employee orientation.			
<input type="checkbox"/> Employee <input type="checkbox"/> Employee & Spouse		<input type="checkbox"/> Employee & Child <input type="checkbox"/> Family	
EDUCATIONAL BACKGROUND (INCLUDING HIGH SCHOOL)			
Degree	Granting Institution	Year	
PROFESSIONAL BOARD CERTIFICATE			
Specialty		Certificate #	
PROFESSIONAL LICENSURE			
License Type	License #	State	Exp Date