

NOTE: This worksheet is for post-offer information gathering purposes only and is not part of the application or hiring process.

To be completed by the employee:

SECTION 1: PERSONAL INFORMATION

Employee's Full Legal Name: First M.I. Last OSU Employee ID# (if previously employed by OSU)

Prefix (check one): Dr. Miss Mr. Mrs. Ms. Rev. Suffix (if applicable): _____

Date of Birth¹ Birth Country¹ Birth State/Province¹ Birth Location (city)¹

SECTION 2: PERSONAL INFORMATION - BIOGRAPHICAL HISTORY

Highest Education Level

Gender (check one):¹ Female Male Marital Status (check one): Single Married

SECTION 3: PERSONAL INFORMATION - HOME ADDRESS

Home/W2 Address: Street City State Zip

County

SECTION 4: PERSONAL INFORMATION - OSU/BUSINESS ADDRESS (may be completed by Human Resources if unknown by employee)

Location/Building Room

Street Address City Zip County

Department Campus Phone

SECTION 5: PERSONAL INFORMATION - CONTACT INFORMATION

Home Phone (with area code) Cell Phone (with area code)

Which phone number above is the preferred one for contact? Home Cell

Personal Email Address (non-OSU)

¹Ohio State University is an Affirmative Action/Equal Opportunity Employer. The University requests that you provide this information to assist the University in meeting its affirmative action, nondiscrimination objectives and in complying with federal and state regulations. Providing this information is voluntary and confidential. Failure to provide this information will not result in any adverse treatment.

SECTION 6: PERSONAL INFORMATION**1. Are you Hispanic or Latino?¹**

Yes, I am Hispanic or Latino No, I am not Hispanic or Latino

2. What is your race? Select one or more.¹

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

SECTION 6: PERSONAL INFORMATION (CONTINUED)**Definitions:**

Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

Asian: a person 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.

Black or African American: a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

3. Veteran Classification – I belong to the following classifications of protected veterans (choose all that apply):¹

- Disabled Veteran:** Any veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran:** Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- Active Wartime Or Campaign Badge Veteran:** Any veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran:** Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

4. Veteran Status:

- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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² As a Government contractor subject to VEVRA A, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

Have you been employed with OSU before? _____

Department

Have you been employed with any Ohio Public Agency before?* _____

Employer Name

*Any employment with the State of Ohio or any of its political subdivisions is considered "Ohio public agency service" including the following:

- State agencies
- County and municipal agencies (Examples: city government, public libraries)
- Public school systems and boards
- Ohio National Guard, or employment for a state military agency in a civilian capacity
- Other Ohio public universities and colleges

SECTION 7: EMERGENCY CONTACT

Contact Name

Relationship

Primary Contact: Yes No

Home Address: Street (if different from *Personal Information – Home Address*, on page 1)

City

State

Zip

County

Phone Number (include area code and phone type)

Other Phone Number (include area code and phone type)

Employee's Full Name: First M.I. Last OSU Employee ID#

Additional Emergency Contact (optional)

Contact Name Relationship Primary Contact: Yes No

Home Address: Street (if different from *Personal Information – Home Address*, on page 1)

City State Zip County

Phone Number (include area code and phone type) Other Phone Number

SECTION 8: CITIZENSHIP/PASSPORT INFORMATION (required for all employees)

US Citizenship Status (check one):

Native Alien Permanent Alien Temporary

International Employees Only Complete the Following Information:

Country Citizenship Status

Passport Number Issue Date Expiration Date

Issuing Country Issuing State Issuing City

SECTION 9: VISA/PERMIT INFORMATION

Visa/Permit Type Visa/Permit Number* Granted Applied

Visa/Permit Status Date Visa/Permit Issue Date**

Date of Entry into Country Expiration Date***

*Visa/Permit Number - indicate either the USCIS # or A # from green card or Employment Authorization Document, receipt # from the I-797 approval notice, or SEVIS ID #.
**Visa/Permit Issue Date – indicate the start date from the green card, Employment Authorization Document, I-797, I-20, or DS-2019.
***Expiration Date – indicate the end date from the Employment Authorization Document, I-797, I-20, DS-201, or admission stamp from the I-94.

The following is to be completed by the hiring department human resources professional:

SECTION 10: JOB INFORMATION (for faculty positions)

Semesters Worked (check one from each column below):

Summer **Autumn** **Spring**
 May Session 1st Session 1st Session
 Reg Session 2nd Session 2nd Session
 Both Both Both
 N/A N/A N/A

SECTION 11: COLLEGE/UNIT REPORTING INFORMATION (optional)

Reporting #1	
Reporting #2	
Reporting #3	

Optional pages for new employee to complete:

Does the employing college/unit require the employee to fill out these sections? Yes No

SECTION 12: PROFESSIONAL EDUCATION

Country	Degree	Date Acquired	GPA (if applicable)
Major	School	State	Graduated (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Education¹:

Country	Degree	Date Acquired	GPA (if applicable)
Major	School	State	Graduated (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Education²:

Country	Degree	Date Acquired	GPA (if applicable)
Major	School	State	Graduated (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Education³:

Country	Degree	Date Acquired	GPA (if applicable)
Major	School	State	Graduated (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 13: TRAINING COURSES

Course Title	School Name	Course Date(s)
Course Title	School Name	Course Date(s)
Course Title	School Name	Course Date(s)
Course Title	School Name	Course Date(s)
Course Title	School Name	Course Date(s)
Course Title	School Name	Course Date(s)

SECTION 14: LICENSES, CERTIFICATES, MEMBERSHIPS

License/Certificate Code	Issue Date	License#
License verified (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Renewal in progress (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	

Issued by	Issued in (Country)	Issued in (State)	Expiration Date
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Professional Memberships/Dates

Organization Memberships/Dates