

PERSONAL INFORMATION				
NAME:		SS#:		
ADDRESS 1:		HOME PHONE:		
ADDRESS 2:		Email:		
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				
<b>Required For Benefits Eligibility.</b> 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. <b>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.</b>				
<input type="checkbox"/> Employee		<input type="checkbox"/> Employee & Child		
<input type="checkbox"/> Employee & Spouse		<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	
APPOINTMENT/WORK INFORMATION				
Appointment Type		Appointment Sub Type		Appointment Term
Proposed Start Date:			Anticipated End Date:	
Department/Unit:			Job Title/Code:	
Supervisor:		Supv Campus Addr:		Supv Campus Phone:
Salary/Wage:		Hours/wk or % Time:		EE ID# &/or UID#:
Employee Campus Work Address & Phone:				
Job duties (brief):				Full MFK: