



Human Resources New Hire Data Request Form

ALL PERSONALLY IDENTIFIABLE INFORMATION OBTAINED ON THIS FORM WILL BE HELD
CONFIDENTIAL BY THE HUMAN RESOURCES OFFICE

DEMOGRAPHIC INFORMATION – REQUIRED

Legal Name: _____ Dept.: _____

Social Security #: _____ Date of Birth: _____

Marital or Partnership Status: ___ Married ___ Single ___ Divorced ___ Widowed ___ Domestic Partnership

Home Address:

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ Cell Phone: _____

US Citizen: ___ Yes

___ No, If No, please respond to the following:

___ Non-Citizen

___ Permanent Resident

___ Country of Citizenship: _____

___ Country of Birth: _____

___ Visa Type: _____ Visa Expiration Date: _____

Gender: ___ Male ___ Female

Race: Select all that apply:

___ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian or Pacific Islanders

___ White

Highest Education Level:

___ Less than High School ___ Associate’s Degree ___ Bachelor’s Degree ___ Master’s Degree

___ Doctoral Degree ___ Professional Degree ___ High School Graduate or GED

___ Some Graduate Work ___ High School, some additional training

___ Technical School

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Disability Indicator: Yes, I have a disability No, I do not have a disability I do not wish to answer
If yes, Type: _____ Percent Disabled: _____
Accommodation/s Requested: _____

Veteran Status: Yes No
If Yes, Branch: _____ From: _____ To: _____

Veteran Status Continued:
Type of Discharge: _____ Rank: _____
Date of Discharge: _____

Protected Veteran Status:
 Armed Forces Service Medal Veteran Other Protected Veteran
 Disabled Veteran Special Disabled Veteran
 None Vietnam Era Veteran

Military Service Status:
 Active Military Duty Active Reserve
 Active National Guard None

Volunteer Firefighter: Non-Member Active Member Date Active Member: _____
Community: _____

POST-SECONDARY EDUCATION INFORMATION – REQUIRED

HIGHEST DEGREE OBTAINED OR PENDING

Degree Awarded in Year: _____
Degree Awarded in Month: _____
Degree Type (e.g. AA, AS, BA, BS, BFA, MS, MBA, PhD): _____
Specialization (e.g. English, Business, Nursing etc.): _____
Country Degree was obtained in: US Other _____
University/College State: _____
University/College City: _____

University/College Name: _____

Please check each that apply:

Highest Degree

Pending Degree – Expected Completion Date _____

Terminal Degree

PREVIOUS NEW YORK STATE SERVICE – REQUIRED

Did you previously work at any other New York State agency including as a student employee?

No Yes, If yes, please detail below

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#1 Agency: _____ Location: _____

Date of Hire: _____ Date Separated: _____

Position Held: _____

#2 Agency: _____ Location: _____

Date of Hire: _____ Date Separated: _____

Position Held: _____

#2 Agency: _____ Location: _____

Date of Hire: _____ Date Separated: _____

Position Held: _____

#2 Agency: _____ Location: _____

Date of Hire: _____ Date Separated: _____

Position Held: _____

I declare, subject to the penalties for perjury, that these statements have been examined by me and to the best of my knowledge are true and correct.

Signature: _____

Date: _____

*See additional pages for Footnotes and NYS Privacy Notice



EMERGENCY CONTACT – REQUIRED

Please Provide 3 Contacts

Your Name: _____

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ Cell Phone: _____

#1 First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Relationship: _____

#2 First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Relationship: _____

#3 First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Relationship: _____

STATE OF NEW YORK PRIVACY NOTICE

Agency Name: State University of New York

Division: Collage at Canton

Title of Official Responsible for Maintenance of the Information: Director of Human Resources

Telephone Number: 315-386-7611

Business Address of Official: Canton College of Technology

French Hall-Administration Suite

Human Resources

Canton, NY 13617

Authority Which Permits the Maintenance of the Information:

- Educational Law 355.a.
- Title VII Civil Rights Act 1964
- Social Security Las
- Collective Agreements between the State of New York and respective bargaining units, including Memoranda of Understanding
- State Insurance Law
- Military Records Law
- State Investment Law
- Civil Service Law
- Veterans Law
- Volunteer Fire Law
- Federal and State Equal Opportunity Laws
- Public Officers Law

The Consequences, if any, of Not Providing All or Any Part of the Requested/Required Information:

Loss of right under law to secure benefits

The Principle Purpose(s) Within the Agency for Which the Information is to be Used:

Identifications, employment, compensation, benefits, employee relations, affirmative action compliance and information reports within the campus and SUNY System

Known or Foreseeable Transfers of the Information:

Civil Service, FBI, Unemployment, IRS, Health Insurance, Medicare, Retirement Systems, GHI-Dental, Banks, Merchants, Referral of candidates, Negotiating Units, Other State Agencies, System Administration, Immigration and Naturalization Services, Benefit Carriers, Division of Budget, Office of the State Comptroller