



**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