INDIANA UNIVERSITY

ACADEMIC PERSONAL PROFILE FORM

Please use Secure Share to electronically collect the information in this form.
After HR eDoc processing for this hire is complete, delete electronic copies and shred any printed forms to ensure secure disposal.
Redact SSN before attaching to HRMS eDoc.

University Affiliation (choose one): ○ Former Employee ○ Current/Former Student ○ No previous affiliation

University ID: _____ *or* **Social Security Number:** _____

Legal Name: Last _____ First _____ Middle _____ Suffix _____

Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.

Preferred Name: Last _____ First _____ Middle _____ Suffix _____

Passport Name: Last _____ First _____ Middle _____ Suffix _____
Non-US Citizens Only

Birthdate (MM/DD/YYYY): ____ / ____ / _____ **Sex**: ○ Male ○ Female **Marital Status**: ○ Single ○ Married

U.S. Status (must choose one): ○ U.S. Citizen ○ Lawful Permanent Resident ○ Other

If not a U.S. Citizen - Primary Country of Citizenship: _____

Home Address *Your home address (your legal residence) is necessary for the university to mail tax information (including W2s) and benefit enrollment information (for eligible employees). It is also required for tax reporting to the IRS.*

Street: _____ APT # _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Non-IU Email: _____

Foreign Address

Street: _____ APT # _____

City: _____ Province/State/County: _____ ZIP: _____

Country: _____

Emergency Contact

Name: Last _____ First _____ Middle _____ Suffix _____

Street: _____ APT # _____

City: _____ State: _____ ZIP: _____ Country: _____

Cell phone: _____ Home phone: _____ Work phone: _____

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IU is subject to certain governmental recordkeeping and reporting requirements for the administration of laws and regulations. In order to comply with these laws, Indiana University invites employees to voluntarily self-identify their race or ethnicity. Providing this information is voluntary and has no impact on your employment status, Information obtained may only be used in accordance with the provisions of applicable laws, executive orders, regulations and Indiana University policy, including those that require the information to be summarized and reported to the federal government.

In addition, IU may also use certain demographic information to communicate directly with you concerning university activities and opportunities that may be of interest. Internal requests to use personally identifiable information in this way must be approved by an applicable Data Steward, the individuals at IU responsible for safeguarding such information.

Are you Hispanic or Latino? ○ Yes ○ No ○ I decline to answer

What is your race? (select one or more):

- ☐ **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/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, North Africa, or the Middle East.
- ☐ **I decline to answer**

Prior Work Experience

Dates of Employment From/To	Employer	City	State	Country	Ending Position Title

Professional Education (list all colleges and universities attended)

Degree	Major	School	Completion Date (MM/YYYY)	State	Country

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Licenses and Certifications

License	License #	Issued By	Issue Date	Expiration Date

Honors and Awards

Honor or Award	Grantor	Issue Date

Major Publications (attach a complete bibliography to this form)

Membership and offices in professional and other organizations:

Educational or public institutions of which you are a director or trustee:

I certify that all information given on this form is true. I understand that any false statement made herein or omission of convictions or current criminal charges is sufficient reason for rejection of my employment. I further authorize the University to investigate all information provided on this form. I authorize such educational institutions, employers, and others (and their agents or employees) to respond to questions concerning information given on this form and I further release from liability such former employers, institutions, or persons providing such information to the University. I understand that my employment is contingent on the University receiving verification of my credentials and other information required by law.

Signature: Date: / /

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