



Personal Data Form (PDF)

Check Employee Type: New Employee* Current Employee Submitting Data Changes

PLEASE TYPE OR PRINT LEGIBLY

V-ID NUMBER	PREFIX	EMPLOYEE LEGAL NAME (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL)	SUFFIX
Contact your Personnel Administrator for your V-ID #	PREFIX	PREVIOUS LEGAL NAME (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL)	SUFFIX
	Preferred FIRST NAME if different from above:		

NOTE: Legal name used must be the name listed with the Social Security Administration. If submitting a legal name change:
 1) Insert your current legal name AND your previous legal name in the boxes indicated above.
 2) Fax this form AND a copy of your Social Security card with your new legal name to HR at (804) 827-8250 or e-mail to hrdocs@vcu.edu.

ADDRESS INFORMATION (PPAIDEN)

PERMANENT ADDRESS (HOME – i.e., where W-2 is mailed)

STREET	APT #	CITY	STATE	ZIP CODE + 4
HOME PHONE	CELL PHONE	WORK PHONE	ALL DIGITS IN ZIP CODE + 4 REQUIRED	

WORK CAMPUS BOX ADDRESS (OFFICE)

P.O. BOX	APT #	CITY	STATE	ZIP CODE + 4
ALL DIGITS IN ZIP CODE + 4 REQUIRED				

WORK STREET ADDRESS

STREET	APT #	CITY	STATE	ZIP CODE + 4
ALL DIGITS IN ZIP CODE + 4 REQUIRED				

PERSONAL INFORMATION (PPAIDEN)

DATE OF BIRTH [MO/DAY/YR] _____	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No
SEX, RACE, ETHNICITY - THIS SECTION IS OPTIONAL. To comply with civil rights laws and regulations (see detailed information in the attached Post-Offer Self-Identification form), we invite employees to self-identify their race, ethnicity, sex, veteran status, and disability status. Refusing to provide this information will not result in any adverse treatment. We will use this information only in ways that are consistent with our obligations under affirmative action and equal employment opportunity laws.	
SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	ETHNICITY: Colleges and universities are asked by many entities, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. To respond to these requests, we ask you to answer the following: 1. Are you Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. In addition, select one or more of the following racial categories to describe yourself: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native

RETIREE/TRANSFER STATUS:

ARE YOU A RETIREE FROM VCU OR ANOTHER STATE AGENCY?

YES NO

IF YES, TYPE OF RETIREMENT:

VRS ORP VaLORS

IF YES, DATE OF RETIREMENT: _____

ARE YOU A TRANSFER FROM ANOTHER STATE AGENCY? (NO BREAK IN SERVICE) Yes No

IF YES, LIST AGENCY NAME & PHONE #: _____

EMERGENCY CONTACT INFORMATION - PRIMARY AND ALTERNATE (PPAIDEN)

PRIMARY CONTACT NAME	HOME PHONE	CELL PHONE
HOME ADDRESS: STREET	APT#	CITY
STATE		
ZIP CODE + 4		
ALL DIGITS IN ZIP CODE + 4 REQUIRED		

ALTERNATE CONTACT NAME	HOME PHONE	CELL PHONE
HOME ADDRESS: STREET	APT #	CITY
STATE		
ZIP CODE + 4		
ALL DIGITS IN ZIP CODE + 4 REQUIRED		

EDUCATION INFORMATION (PPAGENL)

EDUCATIONAL LEVEL: CHECK HIGHEST LEVEL ACHIEVED AND YEAR COMPLETED			YR HIGHEST DEGREE REC'D:	# OF YRS – HIGHER ED. TEACHING EXPERIENCE
<input type="checkbox"/> 01. NO HIGH SCHOOL	<input type="checkbox"/> 04. SOME COLLEGE	<input type="checkbox"/> 07. MASTER'S DEGREE		
<input type="checkbox"/> 02. HIGH SCHOOL DIPLOMA	<input type="checkbox"/> 05. ASSOC/DIP DEGREE	<input type="checkbox"/> 08. PROFSNL DEGREE: MD, DDS, JE, etc.		
<input type="checkbox"/> 03. TRADE CERTIFICATE	<input type="checkbox"/> 06. BACHELOR'S DEGREE	<input type="checkbox"/> 09. PHD OR OTHER DOCTORATE		

DEGREE	DEGREE TYPE <i>(Check ONLY ONE)</i>	YEAR REC'D	INSTITUTION	MAJOR	MINOR
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate				
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate				
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate				

PROFESSIONAL LICENSURE INFORMATION (PPACERT)

LICENSE/CERTIFICATE (# and board)	YEAR REC'D	EXPIRES [MO/DAY/YR]	LICENSE/CERTIFICATE (# and board)	YEAR REC'D	EXPIRES [MO/DAY/YR]
LICENSE/CERTIFICATE (# and board)	YEAR REC'D	EXPIRES [MO/DAY/YR]	LICENSE/CERTIFICATE (# and board)	YEAR REC'D	EXPIRES [MO/DAY/YR]

Signature: _____ **Employee** _____ **Date** _____

*** PERSONNEL ADMINISTRATOR (or Designee) completes the following sections for new employees:**

CRIMINAL CONVICTION INVESTIGATION
<p>CHECK ONLY ONE BOX BELOW ...</p> <p><input type="checkbox"/> THIS POSITION IS <u>NOT</u> SENSITIVE – HIRERIGHT BACKGROUND CHECK HAS BEEN COMPLETED AND WE HAVE BEEN NOTIFIED OF THE RESULTS.</p> <p><input type="checkbox"/> THIS POSITION <u>IS</u> SENSITIVE – A FINGERPRINT CHECK HAS BEEN COMPLETED WITH VCU CAMPUS POLICE.</p> <p><input type="checkbox"/> THIS NEW EMPLOYEE IS ON A VISA <u>AND</u> DOES NOT YET HAVE A SOCIAL SECURITY NUMBER. NO CRIMINAL CONVICTION BACKGROUND CHECK IS REQUIRED.</p> <p><input type="checkbox"/> THIS NEW EMPLOYEE HAS A DOHA, QATAR (VCUQ) RESIDENCY PERMIT. NO CRIMINAL CONVICTION BACKGROUND CHECK IS REQUIRED.</p> <p><input type="checkbox"/> THIS NEW EMPLOYEE HAS A DOHA, QATAR (VCUQ) RESIDENCY PERMIT BUT NO CID CHECK DONE. HIRERIGHT CHECK IS REQUIRED.</p>

FORM I-9
<p>CHECK ONLY ONE BOX BELOW ...</p> <p><input type="checkbox"/> PA HAS LOGGED INTO HIRERIGHT AND COMPLETED AN ELECTRONIC FORM I-9.</p> <p><input type="checkbox"/> PA HAS COMPLETED A PAPER FORM I-9 (ONLY PERMITTED IF EMPLOYEE WORKS AT A REMOTE LOCATION AND CANNOT BRING SUPPORTING DOCUMENTS TO VCU FOR REVIEW).</p> <p><input type="checkbox"/> THIS NEW EMPLOYEE HAS BEEN HIRED TO WORK <u>EXCLUSIVELY</u> IN DOHA, QATAR (VCUQ). NO FORM I-9 IS REQUIRED.</p> <p><input type="checkbox"/> THIS EMPLOYEE WAS HIRED <u>ON OR BEFORE</u> NOVEMBER 6, 1986, HAS MAINTAINED CONTINUOUS VCU EMPLOYMENT AND IS EXEMPT FROM THE FORM I-9 PROCESS.</p>

I certify that I have reviewed the completeness of this Personal Data Form (PDF) and have added any relevant address information as needed.

Signature: _____ **Personnel Administrator (or Designee)*** _____ **Date** _____

*** Personnel Administrator (or Designee) also must sign this form for new employees. This form should be included in the new hire paperwork.**



Post-Offer Self-Identification Form

Virginia Commonwealth University (VCU) is committed to equal employment opportunity in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits, and termination), regardless of race, color, religion, national origin, age, sex, political affiliation, veteran status, genetic information, sexual orientation, gender identity, gender expression, disability, or any other status protected by law.

As a government contractor, VCU is subject to governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. Specifically, VCU is subject to Executive Order 11246 (as amended), Section 503 of the Rehabilitation Act of 1973 (as amended), and the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (as amended). These laws require us to take affirmative action to employ and promote qualified women, minorities, individuals with disabilities, and protected veterans.

To comply with these laws, we invite employees to voluntarily self-identify their race, ethnicity, sex, veteran status, and disability status. Refusing to provide this information will not result in any adverse treatment. We will use this information only in ways that are consistent with our obligations under affirmative action and equal employment opportunity laws.

The information you submit is confidential, except that we may inform supervisors and managers of disability-related work restrictions and accommodations; we may inform first aid and safety personnel in appropriate circumstances of conditions that might require emergency treatment; and we may inform government officials in the context of enforcing affirmative action and other employment laws.

Under our affirmative action program, we carefully consider the job qualifications of all applicants and employees when filling job openings and selecting people for training. VCU periodically reviews its personnel processes to ensure that women, minorities, individuals with disabilities, and protected veterans are not stereotyped in a manner that limits their access to jobs for which they are qualified. If a disability prevents an employee from performing the essential functions of his or her job, the university engages in an interactive process to search for a reasonable accommodation that will allow the person to perform the essential functions of the job.

Self-Identification

Prefix	Legal First Name	Legal Last Name	Suffix
V-ID Number Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Race and Ethnicity 1. Are you Hispanic or Latino/a? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Select one or more of the following racial/ethnic categories to describe yourself. <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native		
VETERAN CATEGORIES <ul style="list-style-type: none"> • A "disabled veteran" is one of the following: <ul style="list-style-type: none"> • a 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 • A "recently separated veteran" means 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. • An "active duty wartime or campaign badge veteran" means a 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. • An "Armed forces service medal veteran" means a 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. 			
<input type="radio"/> I identify as one or more of the classifications of protected veteran listed. <i>NOTE: If the Date of Discharge is within the past three years, and this option is selected, then you are selecting a classification as a "recently separated veteran"</i> Date of Discharge MM/DD/YYYY <input style="width: 80px;" type="text"/> <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Active wartime or campaign badge veteran <input type="checkbox"/> Armed forces service medal veteran <input type="radio"/> I am a protected veteran, but I choose not to self-identify the classification to which I belong <input type="radio"/> I am not a protected veteran <input type="radio"/> I am not a veteran			

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.