IUPUI ACADEMIC PERSONAL PROFILE FORM

Check type of appointment: ◯ **Academic (Includes Resident Interns)** ◯ **Student Academic**

Direct deposit is mandatory for all IU employees.To enroll in direct deposit, visit https://fms.iu.edu/payroll/general-staff/direct-deposit/. IU automatically issues paycards to employees who have not signed up for direct deposit prior to their third paycheck. This paycard can be obtained from the campus payroll office.

PRINT Legal Name:

Last First Middle

(NOTE: 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

Social Security Number:

Department:

University ID (must be completed before submission to Academic Affairs):

Campus Address Building/Room:

Home Mailing Address: (Home address is used for official university communication including benefit enrollment information for eligible employees, mailed payroll checks, tax information including W2s and tax reporting to the IRS).

Street Apartment #

City County State Zip Code

Home Telephone (with Area Code):

Campus Telephone:

NON-IU EMAIL ADDRESS:

Legal Sex: ◯ Female ◯ Male

Birth Date: Month Day Year

Marital Status: ◯ Single ◯ Married

Citizenship Status: ◯ U.S. Citizen ◯ Lawful Permanent Resident ◯ Other/where:

Have you ever been convicted of a felony? ◯ Yes ◯ No

FOR SCHOOL OF MEDICINE APPOINTEES ONLY:

Birthplace State (Country if not U.S.) If applicable, Spouse / Domestic Partner's Name:

Dr. Mr. Mrs. Ms.

(Circle one) *Last* *First* *Middle*

Prior Work Experience: (NOTE: fill out completely. Do NOT state "See Attached Resume")

Dates of Employment From - To	Employer	City	State	Country	Ending Position

Professional Education: (NOTE: fill out completely. Do NOT state "See Attached Resume")
(List all colleges and universities attended)

Country	State	School	Degree	Date Acquired	Date Expected	Major

Licenses and Certifications

License	Issue Date	License Number	Issued By	Expiration Date

Honors and Awards

Honor or Award	Grantor	Issue Date

Ethnic Group:

Are you Hispanic or Latino? ◯ Yes ◯ No

What is your race? Select one or more.

☐ **American Indian or Alaskan Native**

☐ **Asian**

☐ **Black/African American**

☐ **Native Hawaiian/Other Pacific Islander**

☐ **White**

Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan 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/Other Pacific Island 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, the Middle East, or North Africa.

I hereby certify that all statements and answers on this form are true and correct to the best of my knowledge and belief.

Signature: **Date:**

Confidentiality *- Under federal law Indiana University is required to collect and report data regarding the gender, racial and ethnic composition and veteran status of its workforce. This information is used for reporting and administrative purposes.*