



Office of Human Resources

CONFIDENTIAL
Employment Questionnaire

Please answer the questions below. The information is necessary for processing your appointment and for required statistical reporting. No personally identifiable information will be released.

Name: (first, middle, last)

Birthdate: (month, day, year) Social Security Number:

Birthplace: (city and state)

Certificates and degrees: (beyond highschool: list credential and granting institution)

1. U.S. Citizenship: Yes No \*\*If no, please indicate country of citizenship

2. Race (please identify): Asian, Black/African American, White, Native Hawaiian/other Pacific Islander, American Indian/Alaska Native

3. Are you Hispanic: Yes No (if yes, you still need to provide a race for question 2)

4. Prior Service (previous NYS or SUNY service): Yes No

\*\*If yes please list Institution and dates of service:

5. Are you disabled? Yes No 6. Are you a volunteer firefighter? Yes No

7. Are you a veteran? Yes No \*\*If yes, please choose from the options below:

- Disabled Veteran, Disabled Vietnam Veteran, Vietnam Era Veteran, Disabled Vietnam Veteran from NYS, Spouse of 100% Disabled Veteran, Vietnam Era Veteran from NYS

8. Gender: Male Female