



**COLGATE UNIVERSITY**

**OFFICE OF HUMAN RESOURCES**

**CONFIDENTIAL**

**Banner ID:** \_\_\_\_\_

**PERSONAL DATA SHEET**

Dr.  Mr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

Department: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Email Address: \_\_\_\_\_  
(for correspondence prior to your arrival at Colgate)

Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_  
(for the University Emergency Notification system)

\_\_\_\_\_  
\_\_\_\_\_

**ETHNICITY:**  Hispanic/Latino  Non-Hispanic/Latino

**RACE:**  American Indian/Alaskan Native  
 Asian American/Asian  
 Black/African American  
 Native Hawaiian/Pacific Islander  
 White

**GENDER:**  Male  Female

**GENDER PRONOUN:**  He/Him/His  She/Her/Hers  Ze/Hir/Hirs  They/Them/Theirs  Name Only

**MARITAL STATUS:**  Married  Single  Partnered  Divorced  Separated  Widowed

**VETERAN STATUS:**  Not a Veteran  Protected Veteran  
 Active Wartime or Campaign Badge Veteran  Not a Protected Veteran

**CITIZENSHIP:**  US Citizen  Dual Citizen  Non-Immigrant Alien  Permanent Resident Alien

**Complete the following section only if your appointment includes benefits (eg health, life, etc):**

List Spouse/Partner* & Dependents	Relationship	Social Security Number	Date of Birth	Gender

\*Is your spouse/domestic partner an employee at Colgate University?  Yes  No  
(To qualify for domestic partner benefits, you may be asked to complete a Domestic Partner Application)

I understand that I must notify Human Resources of any changes to the above information. Failure to report changes may delay or forfeit my ability to be eligible for certain benefits.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_