INDIANA UNIVERSITY –PERSONAL PROFILE FORM (ED)

Check type of appointment: ☐ Academic (Includes Resident Interns) ☐ Staff
☐ Student Academic ☐ Hourly

Check appropriate box and complete applicable section - 1 or 2

Section 1

☐ **Current Employee** University ID# (if known)_____ (Located in upper middle box of paycheck advice-Employee ID#)
Social Security Number _____-_____-_____
Name _____
Last First Middle Suffix

You are finished; the remaining information on this form should have previously been submitted. If changes are needed, please use the Change Form, Personal Data. **Return this completed form to the hiring department.**

Section 2

☐ **Former Employee** University ID# _____
☐ **Current Student** University ID# _____
☐ **Former Student** Social Security Number _____-_____-_____

☐ **No previous association with Indiana University**

Legal Name: _____
Last First Middle Suffix

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: _____
(As you want it to appear in University records and publications) Last First Middle Suffix

Passport Name: _____
(Non-U.S. Citizens ONLY) Last First Middle Suffix

Social Security Number:_____-_____-_____ **Gender:** ☐ Male ☐ Female **Marital Status:** ☐ Single ☐ Married

Birth Date: _____/____/_____
Month/Day/Year

US Status – MUST choose one. ☐ U.S. Citizen ☐ Lawful Permanent Resident ☐ Other

If not U.S. Citizen, **primary citizenship country:** _____

Ethnic Group – MUST choose one.

- ❑ **American Indian or Alaska Native** [A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.]
- ❑ **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.]
- ❑ **Hispanic or Latino** [A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.]
- ❑ **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.]

Home Address: _____ _____
Street (Apt#)
_____ _____ _____ _____ _____-_____-_____
City State Zip Code Country Phone

IU Office (Campus) Address: _____ _____ _____
Campus Building & Room Org Code (such as HUMM) Campus Code (such as BL)

Note: Home address is used for mailing payroll checks, tax information including W2s, and tax reporting to the IRS. All benefit enrollment information (for eligible employees) and faculty mailings are sent to this address. This is your legal residence. Return this completed form to the hiring department.

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 our workforce. This information is used for reporting and administrative purposes.

Departments: This is the extent of employee personal data required for Hourly and Student Academic Appointments. For Academic and Staff positions new employees must also complete forms. Academic appointment forms (PPF-PSA) are submitted to the Campus Academic Affairs Office. Staff and hourly appointment forms (PPF-PS) are submitted to the campus Human Resource Office.

REV 04/2008