

## INDIANA UNIVERSITY – PERSONAL PROFILE FORM (PS)

### FOR DEPARTMENT USE ONLY

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

Employee's Office Mailing Address and Phone

Street	Building/Room
City	State
Zip Code	Phone

**Legal Name:** \_\_\_\_\_  
Last First Middle

**University ID#** \_\_\_\_\_ (your 10-digit Employee ID) **Last four digits of Social Security Number** \_\_\_\_\_

**Home Mailing Address** (if different from Home Address):

Street	(Apt#)
City	State
County	Zip Code

**Foreign Address** (required for International employees):

Street	(Apt#)
City	Country
County/Province/Region/Prefecture	Postal Code

### Veterans Identification

- Disabled Veteran:** (i) A veteran of the U.S. military, 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran:** 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.
- Other Protected Veteran:** 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.
- Armed Forces Service Medal Veteran:** Any 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.

**Prior Work Experience** (list in reverse chronological order)

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

### Emergency Contact

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street (Apt#)

\_\_\_\_\_ State Zip Code

Phone \_\_\_\_\_ Type (home, cell, work)

**Professional Education** (list all colleges and universities attended)

Country	Degree	Date Aquired	Date Expected	Major	School	State

**Licenses and Certifications**

License	Issue Date	License #	Issued By	Expiration Date

**Honors and Awards**

Honor or Award	Grantor	Issue Date

**Academic employees only - complete this section:**

**Major Publications** (attach a complete bibliography to this form)

Membership and offices in professional and other organizations \_\_\_\_\_  
\_\_\_\_\_

Educational or public institutions of which you are a director or trustee \_\_\_\_\_

Have you ever been convicted of a felony?  yes  no

Central Offices: The information from this section is kept in hard copy format in central files only.

*I certify that all information given on this form is true. I understand that any false statement made herein or omission of convictions or current criminal charges is sufficient reason for rejection of my employment. I further authorize the University to investigate all information provided on this form. I authorize such educational institutions, employers, and others (and their agents or employees) to respond to questions concerning information given on this form and I further release from liability such former employers, institutions, or persons providing such information to the University. I understand that my employment is contingent on the University receiving verification of my credentials and other information required by law.*

**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.