Items on this page are **REQUIRED** to be completed. Employees who need ADA-accessible documents should contact the Office of Human Resources & Compliance.

Salutation:  Ms.  Mrs.  Mr.  Dr.  Rev. Social Security #     -    -

Last Name:       Sex:  Male  Female

First Name:       Birthdate:

Middle Name:       Suffix:

(Nickname or name you wished to be known by:       )

Legal Name *(Enter exactly as it appears on current Social Security card):*

Last Name:

First Name:

Middle Name:       Suffix:

Address: Street1:

Street2:

City:       State:

Zip Code:       Phone:

Cell Phone**\*\***:

***\*\* Cell Phone required for campus emergencies, alerts and weather alerts***

Start Date:       Position:

|  |  |  |
| --- | --- | --- |
| Citizenship: | U.S. Citizen |  |
|  | Permanent Resident/  Green Card Holder | Citizenship Country:  Alien Registration #: |
|  | Resident Alien  *(living in U.S.)* | Visa Type:  H1-B  F1  J1  Other  Citizenship Country:  Year(s) Living in U.S.: |
|  | Non-Resident Alien  *(not living in U.S.)* | Visa Type:  H1-B  F1  J1  Other  Citizenship Country: |

**In Case of an Emergency Notify:**

*(Additions, deletions and updates can also be made via Employee Self-Service on MC Square)*

|  |  |  |  |
| --- | --- | --- | --- |
| *Name #1* |  | Relationship |  |
| Phone #1 |  | Phone Type | Home  Work  Cell |
| Phone #2 |  | Phone Type | Home  Work  Cell |
| Phone #3 |  | Phone Type | Home  Work  Cell |
| *Name #2* |  | Relationship |  |
| Phone #1 |  | Phone Type | Home  Work  Cell |
| Phone #2 |  | Phone Type | Home  Work  Cell |
| Phone #3 |  | Phone Type | Home  Work  Cell |
| *Physician* |  | Phone |  |

Invitation to Self-Identify

Submission of this information is **voluntary** and failure to provide will not subject you to any adverse treatment.

As such, information you submit will be kept confidential except that supervisors may be informed regarding restrictions on work or duties as related to disability and regarding necessary accommodations; (ii) first-aid personnel may be informed, when and to the extent appropriate, if a condition might require emergency treatment, and (iii) government officials as required when engaged in enforcing laws administered by the Human Relations Commissions.

**Please check all applicable ethnicity AND race boxes if providing information:**

I prefer not to self-identify my ethnicity or race

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ethnicity: |  | Hispanic or Latino\* |  | Not Hispanic or Latino |
|  | *\* Includes Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race* |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Race:  *(Select one or more of the applicable race categories)* |  | **American Indian or Alaska Native** |  | African |
|  | American Indian |  | Carribean |
|  | Alaskan Native |  | Other Black/African American |
|  | Choctaw |  | **Native Hawaiian or**  **Other Pacific Islander** |
|  | Cherokee |  |
|  | Chippewa |  | Guamanian |
|  | Navajo |  | Native Hawaiian |
|  | Sioux |  | Other Pacific Islander |
|  | Other American Indian |  | Pacific Islander |
|  | **Asian or Asian American** |  | Samoan |
|  | Asian American |  | **Hispanic or Latino\*** |
|  | Asian |  | Central American |
|  | Chinese |  | Chicano/a |
|  | Cambodian |  | Cuban |
|  | Filipino |  | Hispanic or Latino/a |
|  | Hmong |  | Mexican, Mexican-American |
|  | Indian (subcontinent) |  | Puerto Rican |
|  | Japanese |  | South American |
|  | Korean |  | Spanish (Spain) |
|  | Malaysian |  | Other Hispanic or Latino/a |
|  | Pakistani |  | **White** |
|  | Thai |  | European |
|  | Vietnamese |  | Middle Eastern |
|  | Other Asian |  | North African |
|  | **Black or African American** |  | White-Caucasian |
|  | African American |  | Other White, Non-Hispanic |
|  | Black |  |  |

*NOTE: Ethnicity and primary race categories listed are per federal regulations.*

Invitation to Self-Identify

|  |  |  |
| --- | --- | --- |
| Veteran  Status: |  | Vietnam Veteran |
|  | Vietnam & Other Veteran |
|  | Other Protected Veteran |

|  |  |  |
| --- | --- | --- |
| Disability: | I have a disability | Yes  No |
| I would like to make a request for reasonable accommodation | Yes  No |

Your request for reasonable accommodation will be received by the Office of Human Resources & Compliance who will follow up with you to review and discuss the requested accommodation.

Messiah University’s plan is designed to ensure Messiah University employees have equal opportunities to apply for positions at Messiah University; and are accorded reasonable accommodations when necessary to enable them to safely perform the essential functions of any position for which they qualify.

Employee Signature Date