

FOR SCHOOL OF MEDICINE APPOINTEES ONLY:

<i>Birthplace</i> <i>State (Country if not U.S.)</i>			
<i>If applicable, Spouse / Domestic Partner's Name:</i>	<i>Dr. Mr.</i> <i>Mrs. Ms.</i>		
	<i>(Circle one)</i>	<i>Last</i>	<i>First</i> <i>Middle</i>

Ethnic Group:

Are you Hispanic or Latino? Yes No

What is your race? Select one or more.

- American Indian or Alaskan 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)
- Native Hawaiian/Other Pacific Island** (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)

Prior Work Experience: (NOTE: fill out completely. Do NOT state "See Attached Resume")
(List in reverse chronological order)

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

Professional Education: (NOTE: fill out completely. Do NOT state “See Attached Resume”)
 (List all colleges and universities attended)

Country	State	School	Degree	Date Acquired	Date Expected	Major

Licenses and Certifications

License	Issue Date	License Number	Issued By	Expiration Date

Honors and Awards

Honor or Award	Grantor	Issue Date

Military Status:

- No Military Service**
- 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 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.

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 its workforce. This information is used for reporting and administrative purposes.*

Departments:

After the hiring process is complete, please shred this page. Additionally, please note that:

- **Academic employees** must complete this personal profile form and submit to the campus Academic Affairs office.
- **Staff employees** must complete the PSA personal profile form and submit to the campus Human Resources office.

Indiana University takes affirmative action to hire and promote persons with disabilities pursuant to section 503 of the Rehabilitation Act of 1973. If you are a person with a disability and wish to be considered under our affirmative action plan you may identify yourself as such by answering the questions below. Completing this form is strictly voluntary and the specific information requested is intended for use solely in connection with our affirmative action plan. Failure to answer these questions will have no negative impact on your employment. The information you provide will be kept confidential in accordance with the Americans with Disabilities Act.

For the purposes of our affirmative action plan a person with a disability is anyone who has a physical or mental impairment which substantially limits one or more major life activities as defined in the Americans with Disabilities Act.

Are you a person with a disability as described above?

Yes

No

If you answered yes to the above, do you wish to be considered in our affirmative action program?

Yes

No

Signature _____ **Date** _____

PRINTED NAME: _____

University ID Number: _____

Last four digits of Social Security Number: _____