

IUPUI CENTRAL OFFICE ACADEMIC PERSONAL PROFILE FORM

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

Direct deposit is mandatory for all IU employees. To enroll in direct deposit, visit <https://fms.iu.edu/payroll/general-staff/direct-deposit/>. IU automatically issues [paycards](#) to employees who have not signed up for direct deposit prior to their third paycheck. This paycard can be obtained from the campus payroll office.

PRINT
Legal Name:

Last First Middle

(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:

Last First Middle

Social Security Number:

Department:

University ID (field must be completed before submission to FAA):

Campus Address Building / Room:

Home Mailing Address: (Home address is used for official university communication including benefit enrollment information for eligible employees, mailed payroll checks, tax information including W2s and tax reporting to the IRS).

Street Apartment #

City County State Zip Code

Home Telephone (with Area Code):

Campus Telephone:

NON-IU EMAIL ADDRESS:

Gender: Female Male

Marital Status: Single Married

Citizenship Status: US Citizen Lawful Permanent Resident Other/where:

Birth Date:

Month Day Year

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")

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.

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.

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

Have you ever been convicted of a felony?

- Yes No

I hereby certify that all statements and answers on this form are true and correct to the best of my knowledge and belief.

Signature _____ **Date** _____

PRINTED NAME: _____