

# New Employee Information Form EMP-1

**To be completed by the EMPLOYEE.**  
**Send to the Office of Human Resources, UAB 300**  
**1400 Washington Avenue, Albany, NY 12222**  
**ALL FIELDS MUST BE COMPLETED**

|         |
|---------|
| SUNY ID |
| EMPL ID |

Shaded area for HR use

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| Prefix   | <input type="checkbox"/> Dr.   | Last Name:   | Suffix:  | Sex  | <input type="checkbox"/> M <input type="checkbox"/> F |
| <input type="checkbox"/> Mr.   | <input type="checkbox"/> Ms.   | First Name:  | M.I.:  | SSN:   |   |
| <input type="checkbox"/> Other: _____  | Previous Last Name (if applicable):  |  | Date of Birth (MM/DD/YYYY):  |  |   |
| U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | If No, provide the following: Country of Citizenship:  |  | U.S. Status/Visa:  |   |
| Hispanic   | Ethnic Group   |  | <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American<br><input type="checkbox"/> Yes <input type="checkbox"/> No    (must select at least one) <input type="checkbox"/> Native Hawaiian and other Pacific Islanders <input type="checkbox"/> White |  |   |
| Are you a current UAlbany student?   | Highest Degree:  |  | Major/Discipline:  |  | Date:   |
| <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> No  | Institution:   |  | State:   | Country:   |   |
| Voluntary Self-Identification of Disability  | <input type="checkbox"/> Yes, I have (or previously had) a disability<br><input type="checkbox"/> No, I do not have a disability<br><input type="checkbox"/> I do not wish to answer |  | For more information about The University's ADA policy, or to request a reasonable accommodation, please visit our website:<br><a href="http://www.albany.edu/hr/assets/ADA-Policy-and-Procedure.pdf">www.albany.edu/hr/assets/ADA-Policy-and-Procedure.pdf</a>  |  |   |
| Military Service Status (select one or more)   |  | <input type="checkbox"/> None <input type="checkbox"/> Active Reserve <input type="checkbox"/> Active National Guard <input type="checkbox"/> Active Military Duty   |  |  |   |
| Veteran Status   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No    Military Separation Date:  |  |  |   |
| Protected Veteran Status (select all that apply)   |  | <input type="checkbox"/> None <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran<br><input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> Other Protected Veteran |  |  |   |
| Most recent, or present NY State position (including UAlbany/student employment)   |  | Title:   |  |  |   |
| <input type="checkbox"/> I have never been a NYS employee  |  | Name of Agency:  |  | Termination Date:  |   |
| Previous retirement system member? <input type="checkbox"/> No <input type="checkbox"/> ERS <input type="checkbox"/> TRS <input type="checkbox"/> Other (specify): |  |  |  | Collecting a pension? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Permanent Address:   |  |  | Local/Mailing (if different):  |  |   |
| Address Line 2:  |  |  | Address Line 2:  |  |   |
| City:  |  |  | City:  |  |   |
| State:   |  |  | State:   |  |   |
| Country:   |  |  | Country:   |  |   |
| ZIP/Postal Code:   |  |  | ZIP/Postal Code:   |  |   |
| Home Phone:  |  |  | Cell Phone:  |  |   |
| Emergency Contact Name:  |  |  | Ph:  | Relationship:  |   |
| Appointment Type   |  | <input type="checkbox"/> Faculty/Professional <input type="checkbox"/> Classified/Civil Service <input type="checkbox"/> GA/TA/RA or Fellowship  |  |  |   |
| Department:  |  |  | Title:   |  |   |
| Start Date:  | Supervisor or Contact Person:  |  |  | Phone:   |   |

Employee Signature: \_\_\_\_\_

Date \_\_\_\_\_

Please email [ohrm@albany.edu](mailto:ohrm@albany.edu) or call 518-437-4700 with any questions regarding this form.  
 Please visit our website for additional information, including a list of other required new employee forms:  
[www.albany.edu/hr/orientation.php](http://www.albany.edu/hr/orientation.php)