NYCAPS New Hire Packet - Personal Data

Print Form

(To be completed by the Employee)

ID

Effective Date

Internal Use Only

Employee Initials: _____ Date: _____

First Name MI

Last Name Suffix

Add a Person Page

Biographical Details

Name

Prefix

First Name Middle Name

Last Name

Suffix

Biographic Information

Date of Birth

Gender

Highest Education Level

Marital Status

☐ **Full-Time Student** (check if applicable)

National ID

National ID (Social Security Number)

Contact Information

Address

Street* (Address 1)

Apt. No. (Address 2)

State **City** **Zip Code** (Postal)

County (Required)

Approved By: _____ Date: _____ Data Entered By: _____ Date: _____

Internal Use Only

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Employee Initials: _____ Date: _____

First Name _____ MI _____

Last Name _____ Suffix _____

Add a Person Page (cont)

Contact Information

Phone Information

Phone Type _____ Telephone _____ Extension _____ ☐ Preferred (check if applicable)

Phone Type _____ Telephone _____ Extension _____ ☐ Preferred (check if applicable)

Email Addresses

Email Type _____ Email Address _____

Regional

Ethnic Group _____

History

USA

Military Status _____

Citizenship (Proof 1) _____ Citizenship (Proof 2) _____

☐ Eligible to Work in U.S. (check if applicable)

Driver's License Page (if applicable)

Drivers License

Driver's License # _____

State _____

Valid from _____ Valid to _____

License Type _____

Approved By: _____ Date: _____ Data Entered By: _____ Date: _____

Internal Use Only

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Employee Initials: _____ Date: _____

First Name _____ MI ____

Last Name _____ Suffix ____

Emergency Contacts Page

Contact Address/Phone

Contact Name _____

Relationship to Employee _____ ☐ Primary Contact (check if applicable)

Same Address as Employee? ☐ Yes ☐ No (If no, complete address fields below)

Street (Address 1) _____

Apt. No. (Address 2) _____

State ____ City _____ Zip Code (Postal) _____

County (Required) _____

Same Phone as Employee? ☐ Yes ☐ No Contact Phone _____

Other Phone Numbers

Additional Phone Numbers for Contact: Phone Type ☐ Cell _____ ☐ Business _____

Contact Address/Phone

Contact Name _____

Relationship to Employee _____ ☐ Primary Contact (check if applicable)

Same Address as Employee? ☐ Yes ☐ No (If no, complete address fields below)

Street (Address 1) _____

Apt. No. (Address 2) _____

State ____ City _____ Zip Code (Postal) _____

County (Required) _____

Same Phone as Employee? ☐ Yes ☐ No Contact Phone _____

Other Phone Numbers

Additional Phone Numbers for Contact: Phone Type ☐ Cell _____ ☐ Business _____

I certify that I have personally completed this application, and everything I have written within is, to the best of my knowledge and belief, true and complete.

Employee Signature: _____

Approved By: _____ Date: _____ Data Entered By: _____ Date: _____

Internal Use Only

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID _____ Internal Use Only

EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION FORM

The City of New York is an equal opportunity employer and is strongly committed to a policy of non-discrimination. All forms of illegal discriminatory actions against and treatment of applicants for employment and City employees are prohibited. In order to comply with certain federal regulations, the City of New York invites employees to voluntarily supply race/ethnicity, gender, veteran and disability identification. This information is confidential, will not be included in personnel files, or disclosed to individuals making employment decisions, and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement purposes. When reported, data will not identify any specific individual. Refusal to provide this self-identification information will not subject you to any adverse treatment.

First Name _____ **MI** ____

Last Name _____ **Suffix** ____

Social Security Number _____ **Date of Birth** _____ **Gender** ☐ Male ☐ Female

Race / Ethnic Group (check one):

☐ (W) White, not of Hispanic Origin - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ (B) Black, Not of Hispanic Origin - A person having origins in any of the Black racial groups of Africa.

☐ (H) Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

☐ (A) Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, (including, for example, China, India, Japan, Korea, The Philippine Islands and Samoa).

☐ (N) American Indian or Alaskan Native - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Veteran and Disability Information (check one):

☐ Veteran of the Vietnam Era - A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from there with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

☐ Disabled Veteran - A veteran 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 Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under federal law to have a serious employment disability; or a person who was discharged or released from active duty because of service-connected disability.

☐ Disabled - A person who has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

I affirm that I have truthfully answered all of the questions above.

Signature of Employee: _____ Date : _____

Data Entered By: _____ Date: _____

Internal Use Only