

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID <input type="text"/>	
Effective Date <input type="text"/>	Internal Use Only Employee Initials: _____ Date: _____

First Name <input type="text"/>	MI <input type="text"/>
Last Name <input type="text"/>	Suffix <input type="text"/>

Add a Person Page

Biographical Details	Name	
	Prefix <input type="text"/>	
	First Name <input type="text"/>	Middle Name <input type="text"/>
	Last Name <input type="text"/>	
	Suffix <input type="text"/>	
	Biographical Information	
	Date of Birth <input type="text"/>	
	Highest Education Level <input type="text"/>	
	Marital Status <input type="text"/>	
	<input type="checkbox"/> Full-Time Student (check if applicable)	
National ID		
National ID (Social Security Number) <input type="text"/>		

Contact Information	Address	
	Street* <input type="text"/> (Address 1)	
	Apt. No. <input type="text"/> (Address 2)	
	City <input type="text"/>	State <input type="text"/>
	Zip Code <input type="text"/> (Postal)	
	County <input type="text"/> (Required)	

Approved By: _____	Date: _____	Data Entered By: _____	Date: _____	Internal Use Only
---------------------------	--------------------	-------------------------------	--------------------	--------------------------

NYCAPS New Hire Packet - Personal Data


(To be completed by the Employee)

ID <input type="text"/>	
Effective Date <input type="text"/>	Internal Use Only Employee Initials: _____ Date: _____

First Name <input type="text"/>	MI <input type="text"/>
Last Name <input type="text"/>	Suffix <input type="text"/>

Add a Person Page (cont)

Contact Information	Phone Information			
	Phone Type <input type="text"/>	Telephone <input type="text"/>	Extension <input type="text"/>	<input type="checkbox"/> Preferred (check if applicable)
	Phone Type <input type="text"/>	Telephone <input type="text"/>	Extension <input type="text"/>	<input type="checkbox"/> Preferred (check if applicable)
	Email Addresses			
Email Type <input type="text"/>	Email Address <input type="text"/>			

Regional	History	
	 USA	
	Military Status <input type="text"/>	
	Citizenship (Proof 1) <input type="text"/>	
	Citizenship (Proof 2) <input type="text"/>	
<input type="checkbox"/> Eligible to Work in U.S. (check if applicable)		

Driver's License Page (if applicable)

Drivers License	Driver's License # <input type="text"/>	
	State <input type="text"/>	
	Valid from <input type="text"/>	Valid to <input type="text"/>
	License Type <input type="text"/>	

Approved By: _____	Date: _____	Data Entered By: _____	Date: _____	Internal Use Only
--------------------	-------------	------------------------	-------------	-------------------

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID <input style="width: 80%;" type="text"/>	Internal Use Only	Employee Initials: _____	Date: _____
---	-------------------	--------------------------	-------------

First Name <input style="width: 95%;" type="text"/>	MI	<input type="text"/>
Last Name <input style="width: 95%;" type="text"/>	Suffix	<input style="width: 80%;" type="text"/>

Emergency Contacts Page

Contact Address/Phone	Contact Name <input style="width: 95%;" type="text"/>
	Relationship to Employee <input style="width: 60%;" type="text"/> <input type="checkbox"/> Primary Contact (check if applicable)
	Same Address as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete address fields below)
	Street (Address 1) <input style="width: 95%;" type="text"/>
	Apt. No. (Address 2) <input style="width: 95%;" type="text"/>
	State <input style="width: 10%;" type="text"/> City <input style="width: 50%;" type="text"/> Zip Code (Postal) <input style="width: 20%;" type="text"/>
	County (Required) <input style="width: 95%;" type="text"/>
Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 20%;" type="text"/>	

Other Phone Numbers	Additional Phone Numbers for Contact: Phone Type <input type="checkbox"/> Cell <input style="width: 20%;" type="text"/> <input type="checkbox"/> Business <input style="width: 20%;" type="text"/>
---------------------	--

Contact Address/Phone	Contact Name <input style="width: 95%;" type="text"/>
	Relationship to Employee <input style="width: 60%;" type="text"/>
	Same Address as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete address fields below)
	Street (Address 1) <input style="width: 95%;" type="text"/>
	Apt. No. (Address 2) <input style="width: 95%;" type="text"/>
	State <input style="width: 10%;" type="text"/> City <input style="width: 50%;" type="text"/> Zip Code (Postal) <input style="width: 20%;" type="text"/>
	County (Required) <input style="width: 95%;" type="text"/>
Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 20%;" type="text"/>	

Other Phone Numbers	Additional Phone Numbers for Contact: Phone Type <input type="checkbox"/> Cell <input style="width: 20%;" type="text"/> <input type="checkbox"/> Business <input style="width: 20%;" type="text"/>
---------------------	--

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: _____
--------------------	-------------	------------------------	-------------

**EQUAL EMPLOYMENT OPPORTUNITY
SELF-IDENTIFICATION FORM**

ID

Internal Use Only

The City of New York is an equal opportunity employer and is strongly committed to a policy of non-discrimination. Additionally, we are committed to recruiting a diverse and inclusive talent pool. All forms of illegal discriminatory actions against applicants for employment and City employees are prohibited. In order to comply with certain federal regulations, the City of New York invites applicants and employees to voluntarily respond to the following questionnaire. 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

Ethnicity (check, if applicable):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, Dominican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (check one):

American Indian or Alaskan Native - A person having origins in any of the original peoples of North or South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including for example, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam.

Black or African American - A person having origins in any of the Black racial groups in Africa.

Native Hawaiian or other Pacific Islander - A person having origins in any of the 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.

Two or more races - All persons who identify with more than one of the above races.

Veteran Status (check any that apply):

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 Secretary of Veterans Affairs, or 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.

Other Protected Veteran - Any person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

Armed Forces Service Medal Veteran - Any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

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

Signature of Employee: _____

Date: _____

Data Entered By: _____

Date: _____

Internal Use Only

**EQUAL EMPLOYMENT OPPORTUNITY
SELF-IDENTIFICATION FORM**

ID

Internal Use Only

The City of New York is an equal opportunity employer and is strongly committed to a policy of non-discrimination. Additionally, we are committed to recruiting a diverse and inclusive talent pool. All forms of illegal discriminatory actions against applicants for employment and City employees are prohibited. In order to comply with certain federal regulations, the City of New York invites applicants and employees to voluntarily respond to the following questionnaire. 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

Ethnicity (check, if applicable):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, Dominican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (check one):

American Indian or Alaskan Native - A person having origins in any of the original peoples of North or South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including for example, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam.

Black or African American - A person having origins in any of the Black racial groups in Africa.

Native Hawaiian or other Pacific Islander - A person having origins in any of the 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.

Two or more races - All persons who identify with more than one of the above races.

Veteran Status (check any that apply):

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 Secretary of Veterans Affairs, or 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.

Other Protected Veteran - Any person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

Armed Forces Service Medal Veteran - Any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

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

Signature of Employee: _____

Date: _____

Data Entered By: _____

Date: _____

Internal Use Only