

Professional Education (list all colleges and universities attended)

Degree	Major	School	Completion Date	State	Country

Licenses and Certifications

License	License #	Issued By	Issue Date	Expiration Date

Honors and Awards

Honor or Award	Grantor	Issue Date

Ethnic Group:

<p>Are you Hispanic or Latino?</p> <p>Yes No</p> <p>What is your race? Select one or more.</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black / African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p>American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.</p> <p>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.</p> <p>Black/African American: A person having origins in any of the black racial groups of Africa.</p> <p>Native Hawaiian/Other Pacific Island: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>White: person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>
---	---

Confidentiality: Under federal law, Indiana University is required to collect and report data regarding gender, racial, and ethnic composition, and veteran status of its workforce. This information is used for reporting and administrative purposes.

I certify that all information given on this form is true. I understand that any false statement made herein or omission of convictions or current criminal charges is sufficient reason for rejection of my employment. I further authorize the University to investigate all information provided on this form. I authorize such educational institutions, employers, and others (and their agents or employees) to respond to questions concerning information given on this form and I further release from liability such former employers, institutions, or persons providing such information to the University. I understand that my employment is contingent on the University receiving verification of my credentials and other information required by law.

Employee Signature: _____ Date: ____/____/____