

Note: Please download and save the form locally before completing.

EMPLOYEE INFORMATION

Prefix _____
FIRST NAME _____ MIDDLE _____ LAST NAME _____
Suffix _____

U.S. Address

Line 1 _____
Line 2 _____
City _____ State _____ Zip Code _____
Telephone _____

Email Address

Email Address _____ Home _____ Work _____

Personal Information

Gender _____ Nationality U.S. _____ Other _____
Date of Birth _____
Marital Status _____
Citizenship Status _____
If other, enter country: _____

Employment Information

Are you Hispanic or Latino? No Yes
Ethnic Origin (EEOC category)
American Indian/Alaskan Native Asian Black/African American Native Hawaiian or Other Pacific Islander White
Veteran Status
Not Applicable Disabled Veteran Recently Separated Veteran Active Duty Wartime or Campaign Badge Veteran
Armed Forces Service Medal Veteran I am a protected veteran, but I choose not to self-identify the classifications to which I belong
I am NOT a protected veteran

For department use only:

Social Security Number or UPI (if returning to Yale) _____
To request a temp SS#, email: michele.tomasi@yale.edu
Location (building name) _____
Mailstop (3-digit mail code) _____ Click for link to codes
(<http://www.yale.edu/campusmail/>)
Faculty Mentor or Principal
Investigator name (if applicable) _____