



EMPLOYEE PERSONAL DATA SHEET

NEW HIRE

DATA CHANGE

EMPLOYEE NAME: LAST _____ FIRST _____ MI _____ HIRE DATE _____

ADDRESS _____

MAILING ADDRESS (If different from above) _____

CITY _____ STATE _____ ZIP _____ Phone _____

SSN: _____ DOB _____ EMAIL _____

MARITAL STATUS: MARRIED SINGLE

| | |
|--------------------|----------------------|
| Emergency Contact: | |
| Name: _____ | Phone: _____ |
| Relation: _____ | Phone (Other): _____ |

BCOM Shirt Size _____ Blouse or Polo _____ White Coat Size (faculty only) _____

(For HR Department Use Only)

EMPLOYEE # (if applicable) _____ BCOM EMAIL _____ @bcmnm.org

DEPARTMENT _____ POSITION _____

SALARY \$ _____ HOURLY RATE(S) (if applicable) \$ _____

General Release for Photography/Videography/Audio Recording

In the interest of health education, I grant the Burrell College of Osteopathic Medicine (BCOM) permission to record my likeness and voice, audio, photographic, digital, electronic, or any other medium. I authorized BCOM to use, reproduce, exhibit or distribute in any medium these recordings for any purpose that BCOM, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. Examples of permitted mediums include, but are not limited to classroom materials, printed and online publications, television, display, advertising, editorial illustration, web site, audio broadcasts, etc.

I agree and understand all photographs, video, and audio become the property of BCOM and I hereby release BCOM from any and all claims I may have from its use of my image or voice. I release BCOM and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use.

I also give BCOM permission to use my name, relationship to the college, and hometown/state in an accompanying caption or quote, if applicable.

EMPLOYEE NAME (Printed)

EMPLOYEE SIGNATURE

DATE

Invitation to Self-Identify

BCOM is committed to principles of equal opportunity and a policy of non-discrimination in employment and education for all persons without regard to race, color, religion, sex, creed, age, national origin, marital status, disabled or Vietnam era veteran status, or the presence of a sensory, mental or physical disability, except as may be necessary to meet bona fide occupational qualifications. If you have questions or concerns pertaining to accommodation services for people with disabilities contact Human Resources at (575) 674-2284; fax (575)674-2289; Web site www.bcomnm.org.

This is a self-identification form. BCOM is subject to nondiscrimination recordkeeping and reporting requirements which requires BCOM to invite employees to self-identify race/ethnicity, military information and disability. Submission of this information voluntary and refusal to provide it will not subject you to any adverse treatment. When reporting the information obtained, it will not identify you as an individual, will be kept confidential, and will be used only to fulfill EEO and additional reporting obligations.

GENDER: MALE FEMALE I DO NOT WISH TO DISCLOSE

Race/Ethnic Group

Are you Hispanic or Latino? (*Check the appropriate box*) – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

Yes No

Please select one or more races from the list below. (*Check all that apply*)

- White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American (Not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes China, Japan, Korea, Thailand, and Vietnam.
- Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Pacific Islands, the Philippine Islands, Samoa, Hawaii, and Guam.
- I do not wish to disclose
-

Military Information (*Check all that apply*)

- Not applicable
- Disabled Veteran - A veteran 1) of the U.S. military ground, naval or air service 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 2) who was discharged or released from active duty because of a service-connected disability.
- Vietnam-Era Veteran - A veteran whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975 who served on active duty for more than 180 days and was discharged with other than a dishonorable discharge or because of a service-connected disability.
- Other Protected Veteran - A veteran who served on active duty in the U.S. military ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.
- Armed Forces Service - A veteran who, while serving on active duty in the U.S. military ground, naval or air service participated in a U.S. Medal Veteran military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985 (61 FR1209, 3 CFR, 1996 Comp., p. 159)
- Recently Separated Veteran - A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military ground, naval or air service.

Military Status: Active Reserve Inactive Reserve Separation Date: _____ / _____ / _____

Disabled Veteran: Yes No I do not wish to disclose

Disability (*Check the appropriate box*)

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

No Yes I do not wish to disclose

Signature: _____

Date: _____