



# Personal Fact Sheet

(This information is not to be requested before employment)

Self-disclosure of this information is requested for Affirmative Action, insurance and other purposes. It will not in any way affect the employee's position at Loyola.

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 1st day of Work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Init. Maiden Title: Mr./ Ms./ Mrs./ Dr.

Address: \_\_\_\_\_  
No. Street City/State/Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Telephone Number Cell Number e-mail address

Will you be working / performing services for LUC outside the state of Illinois? [ ] Yes [ ] No

If you selected yes to the above question, list the state in which you will be working / performing services in: \_\_\_\_\_  
State

Department Supervisor Extension

Marital Status Sex Ethnicity/Race

- [ ] Married [ ] Female
  - [ ] Unmarried [ ] Male
- Are you Hispanic or Latino? [ ] Yes [ ] No  
**OR Please select one or more of the following racial categories:**
- [ ] White
  - [ ] Black or African American
  - [ ] Native Hawaiian or Other Pacific Islander
  - [ ] Asian
  - [ ] American Indian or Alaska Native

**Self-Identification of Disability, please select one of the boxes below:**  
(Any requests for accommodation for a current or future disability must go through your supervisor and Human Resources.)  
[ ] Yes, I have a disability (or previously had a disability) (Y)  
[ ] No, I don't have a disability (N)  
[ ] I don't wish to answer (ND)

**Self-Identification of Veteran Status, please select one of the boxes below:**  
Protected Veteran classifications: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans are defined on the form in this packet titled "Voluntary Self-Identification of Veteran Status."  
[ ] I identify as one or more of the classifications of Protected Veteran listed above. (X)  
[ ] I am NOT a Protected Veteran. (N)  
[ ] I do not wish to answer (V)  
[ ] If not a Protected Veteran, do you currently serve in the United States military, or have you ever served in the United States military? (Y)

Emergency Contact Information: \_\_\_\_\_ (PA12.1)

Name Relationship Telephone No. ( )

( ) \_\_\_\_\_  
Alternative No. Address: City/State/Zip