



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 Are you Hispanic or Latino? Yes No

Unmarried Male

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