Preparing people to lead extraordinary lives

Personal Fact Sheet

(*This information is not to be requested before employment)*

Always use Loyola Secure Transfer to send Human Resources any forms that contain your personal and sensitive information. More about Loyola Secure Transfer can be found here.*

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.

SSN:	**DOB:**	**1st Day of Work:**
First Name:	**Middle Initial:**	**Last Name:**
Address:	**City:**	**State:** **Zip code:**
Phone #:	**Email:**	
Department:	**Dept. Supervisor:**	**Campus Location:**

Please check this box if working remotely

Please check this box if living and working/performing services outside the State of Illinois

List the **state in which you will be living and working/performing services in:

*** If living and working/performing services outside the State of Illinois, please submit proper state tax withholding form.*

Marital Status: **Single** **Married** **Sex** **F or** **M**

Are you Hispanic: **Yes** **No**

OR Please select one or more of the following racial

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

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

Name:	**Phone Number:**	**Relationship:**