

BOWIE STATE UNIVERSITY
EMPLOYMENT DATA SHEET

NAME _____
LAST FIRST MIDDLE

STREET ADDRESS _____

CITY STATE COUNTY ZIP

HOME TELEPHONE () _____ **SOCIAL SECURITY NUMBER** _____

DATE OF BIRTH _____ **SEX** _____ **MARITAL STATUS** _____

D – Divorced **T** – Other
M – Married **W** – Widowed
S – Single **X** – Separated

ETHNIC CODE _____ *** See codes below

- 1 – White: Includes persons having origins in any of the people of Europe, North America or the Middle East
- 2 – Black: Includes persons having origins in any of the Black racial groups of Africa
- 3 – Asian or Pacific Islander: Includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-Continent or the Pacific Islands. This area includes, for example, China, Korea, the Philippine Islands and Samoa.
- 4 – American Indian or Alaskan Native: Includes persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation.
- 5 – Hispanic: Includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin.

ARE YOU A U.S. CITIZEN? YES _____ NO _____

IF NO, PLEASE GIVE COUNTRY OF CITIZENSHIP _____

DO YOU HAVE PRIOR UNIVERSITY SYSTEM OF MARYLAND OR STATE AGENCY SERVICE? _____

Agency Name _____ **Phone Number** _____ **Dates of Service** _____
Yes/No

EDUCATION LEVEL _____ **DEGREE** Month/Year _____ **DEGREE FIELD** _____

DEGREE INSTITUTION _____ **COUNTRY** _____

Veteran _____ **Vietnam Veteran** _____ **Other Protected Veteran** _____ **Armed Forces Service Medal Veteran** _____
Yes/No Yes/No Yes/No Yes/No

Recently Separated Veteran-One Year _____ **Recently Separated Veteran-Three Years** _____ **Disabled** _____
Yes/No Yes/No Yes/No

Disabled Status (enter code) _____
01 Non Ambulatory Wheel Chair 04 Sight 07 Learning 10 Not Disabled
02 Semi Ambulatory 05 Hearing 08 Mental or Psychological
03 Coordination 06 Speech 09 Other

EMERGENCY CONTACT PERSON:

NAME _____ **RELATIONSHIP** _____

HOME ADDRESS _____

CITY STATE ZIP

HOME TELEPHONE # _____ **BUSINESS TELEPHONE #** _____