

Personal Critical Data

As your employer, you are requested to complete this data, which will be kept confidential in your personnel file. Provide information to assist your family in the case of your death or incapacitation. A copy should be kept with your personal papers and with key relatives. Attach and number any additional pages/documents.

Last Name		First		MI	ID #
Street Address					
City	State	Zip	Organ Donor?	Yes No	Gender: M F
Telephone			DOB (m/d/y): / /	Status: S M	
SS#			Place of Birth:		
Country of Citizenship					
Family Members	Date of Birth	Address / Phone Number			Dependent?
	/ /				Yes No
	/ /				Yes No
	/ /				Yes No
	/ /				Yes No
Contacts in Case of Death					
<i>Provide names of individuals to be contacted in case of death.</i>					
Name	Relationship	Address			Phone #
	Parent / Spouse				() -
	Pastor				() -
	Attorney				() -
	Employer				() -
	Will Admin.				() -
	Retirement Plan				() -
	Trust Administrator				() -
	Physician				() -
Insurance Policies					
Document Location	Policy #	Company	Beneficiary	Type of Coverage	Agent Phone #

Education: Begin with highest level completed. Include vocational or technical training. If your degree is from a foreign university, please translate into an American equivalent (e.g., B.S., M.A., Ph.D.)

Name of School	Date received Degree/Diploma MM/DD/YYYY	Diploma/Degree	Major/Minor

Do you have relatives on the College Faculty, Staff, or Board of Trustees?

- No
 Yes _____ Relationship _____
 (Relative's Name and Relationship to You)

Criminal Conviction: An individual who has been convicted of a crime is not automatically barred from employment.

Have you ever been convicted of or pled guilty to a crime? (Include court-martial convictions; exclude minor traffic violations.)

- No
 Yes If yes, please complete the following:
 Conviction (e.g., felony, misdemeanor) Offense Conviction Date Location (City, State) Court Action/Sentence

Pacific Union College is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your ethnicity, race, disabled status and military/veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

The information will be kept confidential and will only be used in accordance with the provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. Where reported, data will not identify any specific individual. Please complete the self-identification sections.

Ethnicity (Select One):

- Nonresident Aliens**
- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, regardless of race.
- Not Hispanic or Latino**
- Hispanics of any race**
- American Indian or Alaska Native** Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.
- Black or African American** Persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or more races**

DISABLED STATUS

- Not Disabled
- Disabled

The Americans with Disabilities Act guides Pacific Union College in defining disability. Please indicate your status based upon the following definition. Any person who:

1. Has a physical or mental impairment which substantially limits one or more of such person's major life activities,
2. Has a record of such impairment, or
3. Is regarded as having such impairment.

VETERAN STATUS

- Veteran of branch: _____ Separation date: _____
- Currently in Reserves; branch: _____

The information I have provided to Pacific Union College is true and complete to the best of my knowledge

Signature: _____ **Date:** ____/____/____

