



## PERSONAL DATA FORM - University of Nevada , Las Vegas

*This form is to be used for new hires only. Additional forms may be required for insurance /retirement purposes during Onboarding.*

### EMPLOYEE PERSONAL CONTACT INFORMATION

<b>Legal Employee Name</b>	Last	First	MI
<b>Mailing Address*</b>	Street	City, State	Zip
<b>Phone and Email</b>	Phone	Email	

*\*Mailing address is confidential with the exception that home address of all new or rehired employees is reported to the State of Nevada Department of Employment, Training and Rehabilitation in accordance with NRS 606.120.*

### AFFIRMATIVE ACTION INFORMATION

By Federal mandate this institution collects and maintains the data below. Definitions:

[http://www.dol.gov/vets/programs/fcp/federal\\_contractor\\_program\\_fs.htm](http://www.dol.gov/vets/programs/fcp/federal_contractor_program_fs.htm)

**Gender**  Female  Male

**Date of Birth:** (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you Hispanic or Latino?**

A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

Yes  No

**Racial Category or Categories:** Please select the category(ies) with which you most closely identify (check as many as apply or none).

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White