|  |  |  |
| --- | --- | --- |
| **Personal** | | |
| Prefix  Dr.  Rev.  Mr.  Mrs.  Ms. | Name (first, middle) | Name (last) |
| Street Address | Suffix (if applicable) | Area Code & Home Phone |
| City, State, Zip | Marital Status  Single  Married | Area Code & Cell or Other Phone |
| County and Country | Personal Email | |

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| **Prior Service** | |
| Have you retired from public employment in Ohio?  Yes  No  If yes, complete the Notice of Re-employment of a OPERS Retiree form. | Do you have previous OSU service?  yes  no  Do you have previous State service?  yes  no  If either is yes, complete the “previous service” forms. |

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| --- | --- | --- | --- | --- | --- |
| **Background** | | | | | |
| Highest Education Level | | Full-time student?  Yes  No | | Sex  Male  Female | |
| Birth Date (m/d/y) | Birth City | | Birth State | | Birth Country |
| Race & Ethnicity (check all that apply) 1  American Indian and/or Alaska Native  Asian  Black and/or African American  Hispanic and/or Latino  Native Hawaiian and/or Other Pacific Islander  White | | | U.S. Citizenship (check one)  Native  Alien Permanent  Alien Temporary  Naturalized | | |

|  |  |
| --- | --- |
| **Emergency Contact** | |
| Name | Relationship |
| Home Street Address | Phone Number (with area code) |
| City, State, Zip | Other Phone Number (with area code) |

1 The Ohio State University is an Affirmative Action/Equal Opportunity Employer. The university requests that you provide this information to assist the university in meeting its affirmative action, nondiscrimination objectives and in complying with federal and state regulations. Providing this information is voluntary and confidential. Failure to provide this information will not result in any adverse treatment.