

RENSSELAER POLYTECHNIC INSTITUTE

Confidential Post-Hire Questionnaire

NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
Street City State Zip

HOME TELEPHONE: (____) _____ CELL: (____) _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

GENDER (Select one): MALE FEMALE

MARITAL STATUS (Select one): SINGLE MARRIED DIVORCED WIDOWED

NAME OF SPOUSE: (if applicable) _____

RACE/ETHNIC CLASSIFICATION (Answer questions 1 and 2)

1. What is your Ethnicity?

- Hispanic or Latino (*Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race*)
- Not Hispanic or Latino (*Other than the above*)

2. Select one or more races to indicate what you consider yourself to be:

- American Indian or Alaskan Native (*A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment*)
- Asian (*A person 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 Philippine Islands, Thailand, and Vietnam*)
- Black or African American (*A person having origins in any of the black racial groups of Africa*)
- Native Hawaiian or Other Pacific Islander (*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*)
- White (*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa*)

Please Complete Other Side

**Confidential Post-Hire Questionnaire
(Continued)**

EMERGENCY CONTACT

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

HOME PHONE: (____)_____ WORK PHONE: (____)_____ CELL PHONE: (____)_____

ADDITIONAL INFORMATION

Are you a prior Rensselaer employee? (Select one) Yes No

If yes, please specify dates of employment: _____

Please select the level of education completed:

Grade School	High School	College	Graduate School
1- 2- 3- 4- 5- 6- 7- 8	9 -10- 11- 12	1- 2- 3- 4	1- 2- 3- 4

Highest degree conferred:

Degree	School/University

U.S. CITIZENSHIP

Are you a US citizen? (Select one) Yes No

MILITARY INFORMATION

Are you a U.S. Veteran? (Select one) Yes No

Active Duty Separation Date _____

Reserve status? _____ Specify dates: From _____ To _____

Are you a Vietnam Era Veteran? (Select one)

Are you a Special Disabled Veteran? (Select one)

Are you another Protected Veteran? (Select one)

Are you an Armed Forces Service Medal recipient? (Select one)

INDIVIDUALS WITH DISABILITIES

If you wish to be identified as a disabled individual, you are invited to check the appropriate box below:

I have a disability: (Select one) Yes No

It is essential to keep this information current. Notify Human Resources if any changed occur.

Your Signature: _____ Date: _____