

**Personal Information Form (PIF)  
Temporary/Part Time**

**This form must be completed by the employee and submitted to HRIM for every new hire.** This information is used to create your personnel record in the University's HR information system. Individual information is treated in confidence and released only in accordance with law. Fields with an asterisk (\*) are required.

**NAME & HOME ADDRESS**

Please enter your name as it appears on your Social Security card.

First Name\* \_\_\_\_\_ Middle\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
 Employee doesn't have a middle initial

Name Prefix  none  Dr.  Mr.  Mrs.  Ms.  Miss Preferred Name \_\_\_\_\_  
 (For campus directory)

Name Suffix  none  I  II  III  IV  Esq.  PhD  Sr.  Md  Jr.

Permanent Address\* \_\_\_\_\_  
 City\* \_\_\_\_\_ State\* \_\_\_\_\_ Postal/Zip\* \_\_\_\_\_ Country\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Other Phone \_\_\_\_\_ Home E-mail Address \_\_\_\_\_

**BIOGRAPHICAL INFORMATION**

Gender\*  Male  Female Date of Birth\* \_\_\_\_\_ Country of Birth\* \_\_\_\_\_  
mm/dd/yyyy

Primary Ethnic Self-Identification\* \_\_\_\_\_ Military Status \_\_\_\_\_

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  
 Not Hispanic or Latino

**Primary Racial Self-Identification\***

- Asian - Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent  
 Black or African American - Having origins in any of the black racial groups of Africa  
 White or Caucasian - Having origins in any of the original peoples of Europe, the Middle East, or North Africa  
 American Indian or Alaska Native - Having origins in any of the original peoples of the original peoples of North, Central, or South America, and maintaining tribal affiliation or community attachment.

**Tribal Affiliation** \_\_\_\_\_

- Native Hawaiian or Other Pacific Islander - Having origins in the original peoples of Hawaii, Guam, Samoa, or Pacific Islands

**OTHER INFORMATION**

Highest Education Level \_\_\_\_\_

Disability Status  Disabled  Disabled Veteran Marital Status  Married  Single

**NCSU BUSINESS/CAMPUS LOCATION**

NCSU E-mail Address\* \_\_\_\_\_ Home Department\* \_\_\_\_\_  
 Building\* \_\_\_\_\_ Room #\* \_\_\_\_\_ Campus Box #\* \_\_\_\_\_ Primary Business Phone \_\_\_\_\_

**OTHER ADDRESS OR LOCATION** (such as a dorm or local address if different from above)

Other Address \_\_\_\_\_ Country \_\_\_\_\_  
Other address, City, State, Zip Code

Other Phone \_\_\_\_\_ Other Cell or Pager \_\_\_\_\_ Other E-mail Address \_\_\_\_\_

### EDUCATION

Start with the MOST RECENT or HIGHEST DEGREE AWARDED

Institution*	_____	City, State, Country*	_____
Number of years completed*	_____	Degree Awarded?* <input type="radio"/> Yes <input type="radio"/> No	If awarded: Degree, Month & Year _____ Major Field of study _____
Institution	_____	City, State, Country	_____
Number of years completed	_____	Degree Awarded? <input type="radio"/> Yes <input type="radio"/> No	If awarded: Degree, Month & Year _____ Major Field of study _____

### CITIZENSHIP STATUS\* (Select One)

- Native or naturalized citizen of the U.S.
- Lawful permanent resident of the U.S.
- Foreign National/Non-Resident Alien, authorized to work in the U.S.

Country of Citizenship \_\_\_\_\_ VISA type \_\_\_\_\_  
Country of Birth \_\_\_\_\_ VISA valid until \_\_\_\_\_

### PREVIOUS NORTH CAROLINA EXPERIENCE

Have you ever previously worked for NC State University?\*  Yes  No If yes, dates worked \_\_\_\_\_

Have you ever previously worked for another UNC System Institution?\*  Yes  No If yes, dates and institution \_\_\_\_\_

Have you ever previously worked for the State of North Carolina?\*  Yes  No If yes, dates and agency \_\_\_\_\_

Have you ever been enrolled as a student at NC State University?\*  Yes  No If yes, dates enrolled \_\_\_\_\_

### Retirement Status\*

Are you a retired employee of the State of North Carolina?  Yes  No  
If so, please identify which of the following (if any) best describes you

- Are you a retiree of **NCSU** that is receiving a retirement benefit from Teachers' and State Employees Retirement System (**TSERS**) or the Law Enforcement Officers Retirement System (**LEORS**)
- Are you a retiree of **NCSU** that is receiving a retirement benefit through the Optional Retirement Program (**ORP**).
- Are you a retiree of another **UNC System** institution that is receiving a retirement benefit through the Optional Retirement Program (**ORP**)
- Are you a retiree of another **State of North Carolina agency** or **UNC System** institution that is receiving a retirement benefit from the Teachers' and State Employees Retirement System (**TSERS**) or the Law Enforcement Officers Retirement System (**LEORS**).

**SELECTIVE SERVICE STATUS\*** (Required under NC Gen Statutes 143B-421.1)

Do you certify that you are registered with the U.S. selective service?\*  Yes  No

If **NO**, is it because: *(select one or more)*

You are female?  Yes  No

You have not yet reached your 18th birthday?  Yes  No

You are 26 years of age or older?  Yes  No

You are a lawful non-immigrant alien?  Yes  No

You are a permanent resident of the Trust Territory of the Pacific Islands of the Northern Mariana Islands?  Yes  No

You are in the U.S. armed services on active duty?  Yes  No

**PERSONAL INFORMATION**

Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Are you related, by blood or marriage, to any employee of NC State University?  Yes  No \_\_\_\_\_  
If yes, please give name and title of relative(s), and your family relationship to them.

**SIGNATURE**

I certify that the required (\*) information provided on this form is accurate and that misrepresentation or omission of material fact(s) represents grounds for employment action, up to and including separation from employment, if discovered at a later date. I authorize NC State University to investigate and verify, without liability, all statements provided on this form.

Employee \_\_\_\_\_ Date \_\_\_\_\_

HR Use Only  
EMPLID \_\_\_\_\_