

U B FOUNDATION ACTIVITIES INC.

Employee Biographical Data Form

Salutations:	Dr.	Mr.	Mrs.	Ms.	Miss	Mx.	Pe	ers.	
Name:	Last .	Name		First Name			Middle Name		
Primary Phone #:				Email:					
Mailing Address:	Street	·					Apt		
		City			tate		Zip Code		
Date of Birth: Birthplace (State and/or Country):									
Citizen of:			_						
If you are NOT a		Passport #:							
Are you a UB stud		UB Person	n#:						
Hispanic or Latino	? У	Yes No		Sex:	Male	Female	X		
Ethnicity:	Ethnicity: Caucasian Bla				As	ian			
	er Pacific Isla	Pacific Islander			American Indian or Alaskan Native				
Marital Status:	Single	Married	Divorce	ed Wid	lowed	Other:			
Spouse's/Partner's	Name:								
Veteran Status:	. 0	**	N	ICATEG	1' 11	10	V 7	.	
Are you a U.S. Veteran? Yes			No	No If YES, were you disabled? Percent Disability:			Yes	No	
Dates and Branches of U.S. Military Service:									

This form is for UBF Payroll and UB Departmental use only. Please attach to ePTF.

Official Job Title

Date

Signature