



# UB FOUNDATION ACTIVITIES INC.

## Employee Biographical Data Form

Salutations:      Dr.      Mr.      Mrs.      Ms.      Miss      Mx.      Pers.

Name: \_\_\_\_\_  
*Last Name*      *First Name*      *Middle Name*

Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street*      *Apt*

*City*      *State*      *Zip Code*

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Date of Birth: \_\_\_\_\_ Birthplace (State and/or Country): \_\_\_\_\_

Citizen of: \_\_\_\_\_

**If you are NOT a U.S. Citizen** Visa Type: \_\_\_\_\_ Passport #: \_\_\_\_\_

Are you a UB student?      Yes      No      UB Person #: \_\_\_\_\_

Hispanic or Latino?      Yes      No      Sex:      Male      Female

Ethnicity:      Caucasian      Black or African American      Asian  
                  Native Hawaiian or Other Pacific Islander      American Indian or Alaskan Native

Marital Status:      Single      Married      Divorced      Widowed      Other: \_\_\_\_\_

Spouse's/Partner's Name: \_\_\_\_\_

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Veteran Status:  
 Are you a U.S. Veteran?      Yes      No      If YES, were you disabled?      Yes      No  
    Percent Disability: \_\_\_\_\_

Dates and Branches of U.S. Military Service: \_\_\_\_\_

Signature

Official Job Title

Date

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