NYCAPS New Hire Packet - Personal Data

[Print Form]

(To be completed by the Employee)

ID [ ]	
Effective Date [ ]	**Employee Initials:** _____ **Date:** _____
Internal Use Only	

First Name [ ] **MI** [ ]

Last Name [ ] **Suffix** [ ]

Add a Person Page

Biographical Details

Name

Prefix [ ]

First Name [ ] **Middle Name** [ ]

Last Name [ ]

Suffix [ ]

Biographic Information

Date of Birth [ ]

Gender [ ]

Highest Education Level [ ]

Marital Status [ ]

☐ **Full-Time Student** (check if applicable)

National ID

National ID (Social Security Number) [ ]

Contact Information

Address

Street* (Address 1) [ ]

Apt. No. (Address 2) [ ]

State [ ] **City** [ ] **Zip Code** (Postal) [ ]

County (Required) [ ]

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(To be completed by the Employee)

ID	
Effective Date	
Internal Use Only	Employee Initials: _____ Date: _____

First Name [_____] **MI** [___]

Last Name [_____] **Suffix** [_____]

Add a Person Page (cont)

Phone Information

Contact Information

Phone Type [_____] **Telephone** [_____] **Extension** [_____] ☐ **Preferred** (check if applicable)

Phone Type [_____] **Telephone** [_____] **Extension** [_____] ☐ **Preferred** (check if applicable)

Email Addresses

Email Type [_____] **Email Address** [_____]

Ethnic Group [_____]

Regional

History

🇺🇸 **USA**

Military Status [_____]

Citizenship (Proof 1) [_____] **Citizenship** (Proof 2) [_____]

☐ **Eligible to Work in U.S.** (check if applicable)

Driver's License Page (if applicable)

Drivers License

Driver's License # [_____]

State [___]

Valid from [_____] **Valid to** [_____]

License Type [_____]

Approved By: _____ Date: _____	Data Entered By: _____ Date: _____
	Internal Use Only

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID [_____]	Employee Initials: _____ Date: _____
Internal Use Only	

First Name [_____] **MI** [___]

Last Name [_____] **Suffix** [_____]

Emergency Contacts Page

Contact Address/Phone

Contact Name [_____]

Relationship to Employee [_____] ☐ **Primary Contact** (check if applicable)

Same Address as Employee? ☐ Yes ☐ No (If no, complete address fields below)

Street (Address 1) [_____]

Apt. No. (Address 2) [_____]

State [___] **City** [_____] **Zip Code** (Postal) [_____]

County (Required) [_____]

Same Phone as Employee? ☐ Yes ☐ No **Contact Phone** [_____]

Other Phone Numbers

Additional Phone Numbers for Contact: **Phone Type** ☐ Cell [_____] ☐ Business [_____]

Contact Address/Phone

Contact Name [_____]

Relationship to Employee [_____] ☐ **Primary Contact** (check if applicable)

Same Address as Employee? ☐ Yes ☐ No (If no, complete address fields below)

Street (Address 1) [_____]

Apt. No. (Address 2) [_____]

State [███] **City** [_____] **Zip Code** (Postal) [_____]

County (Required) [_____]

Same Phone as Employee? ☐ Yes ☐ No **Contact Phone** [_____]

Other Phone Numbers

Additional Phone Numbers for Contact: **Phone Type** ☐ Cell [_____] ☐ Business [_____]

I certify that I have personally completed this application, and everything I have written within is, to the best of my knowledge and belief, true and complete.

Employee Signature: _____

EQUAL EMPLOYMENT OPPORTUNITY
SELF-IDENTIFICATION FORM

The City of New York is an equal opportunity employer and is strongly committed to a policy of non-discrimination. Additionally, we are committed to recruiting a diverse and inclusive talent pool. All forms of illegal discriminatory actions against applicants for employment and City employees are prohibited. In order to comply with certain federal regulations, the City of New York invites applicants and employees to voluntarily respond to the following questionnaire. This information is confidential, will not be included in personnel files, or disclosed to individuals making employment decisions, and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement purposes. When reported, data will not identify any specific individual. Refusal to provide this self-identification information will not subject you to any adverse treatment.

First Name _____ **MI** _____

Last Name _____ **Suffix** _____

Social Security Number _____ **Date of Birth** _____

Gender	☐ Female or woman	☐ Male or man	☐ Non-binary (not female/woman or male/man)	☐ Other – A gender not listed	☐ Unknown/I choose not to disclose

Ethnicity (check, if applicable):

☐	**Hispanic or Latino -** A person of Cuban, Mexican, Puerto Rican, Dominican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (check one):

☐	**American Indian or Alaskan Native -** A person having origins in any of the original peoples of North or 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, the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam.
☐	**Black or African American** - A person having origins in any of the Black racial groups in Africa.
☐	**Native Hawaiian or other Pacific Islander** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐	**White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
☐	**Two or more races** - All persons who identify with more than one of the above races.

Veteran Status (check any that apply):

☐	**Disabled Veteran** - A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.
☐	**Recently Separated Veteran** - Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.
☐	**Other Protected Veteran** - Any person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

☐	**Armed Forces Service Medal Veteran** - Any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
☐	**Not a Protected Veteran** - I am a veteran but do not belong to one of the above protected veteran categories.

Question #1: Has anyone in your household ever served, or are they currently serving, in the U.S Armed Forces, National Guard, or Reserves?

☐ Yes   ☐ No

Question #2: If you responded "yes", to question #1 select any that apply:

☐ Self   ☐ Spouse/Partner   ☐ Child   ☐ Other (Specify) _____

Question #3: If you responded to question #2, select any that apply:

☐ US Armed Services   ☐ National Guard   ☐ Reserves

I affirm that I have truthfully answered all of the questions above.

Signature of Employee: _____   Date: _____