

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

Print Form

ID <input type="text"/>	Internal Use Only	Employee Initials: _____	Date: _____
Effective Date <input type="text"/>			

First Name <input type="text"/>	MI <input type="text"/>
Last Name <input type="text"/>	Suffix <input type="text"/>

Add a Person Page

Biographical Details	Name	
	Prefix <input type="text"/>	
	First Name <input type="text"/>	Middle Name <input type="text"/>
	Last Name <input type="text"/>	
	Suffix <input type="text"/>	

Biographical Details	Biographic Information	
	Date of Birth <input type="text"/>	
	Gender <input type="text"/>	
	Highest Education Level <input type="text"/>	
	Marital Status <input type="text"/>	
	<input type="checkbox"/> Full-Time Student (check if applicable)	

Biographical Details	National ID	
	National ID (Social Security Number) <input type="text"/>	

Contact Information	Address		
	Street* <input type="text"/> (Address 1)		
	Apt. No. <input type="text"/> (Address 2)		
	State <input type="text"/>	City <input type="text"/>	Zip Code <input type="text"/> (Postal)
	County <input type="text"/> (Required)		

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

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID <input style="width: 150px;" type="text"/> Effective Date <input style="width: 100px;" type="text"/>	Employee Initials: _____ Date: _____ <small>Internal Use Only</small>
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First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 30px;" type="text"/>
Last Name <input style="width: 95%;" type="text"/>	Suffix <input style="width: 80px;" type="text"/>

Add a Person Page (cont)

Contact Information	<u>Phone Information</u>			
	Phone Type <input style="width: 100px;" type="text"/>	Telephone <input style="width: 150px;" type="text"/>	Extension <input style="width: 80px;" type="text"/>	<input type="checkbox"/> Preferred (check if applicable)
	Phone Type <input style="width: 100px;" type="text"/>	Telephone <input style="width: 150px;" type="text"/>	Extension <input style="width: 80px;" type="text"/>	<input type="checkbox"/> Preferred (check if applicable)
<u>Email Addresses</u>				
Email Type <input style="width: 100px;" type="text"/>	Email Address <input style="width: 550px;" type="text"/>			

Regional	Ethnic Group <input style="width: 280px;" type="text"/>	
	<u>History</u>	
	USA Military Status <input style="width: 350px;" type="text"/> Citizenship (Proof 1) <input style="width: 300px;" type="text"/> Citizenship (Proof 2) <input style="width: 240px;" type="text"/> <input type="checkbox"/> Eligible to Work in U.S. (check if applicable)	

Driver's License Page (if applicable)

Drivers License	Driver's License # <input style="width: 150px;" type="text"/>
	State <input style="width: 30px;" type="text"/>
	Valid from <input style="width: 140px;" type="text"/> Valid to <input style="width: 140px;" type="text"/>
	License Type <input style="width: 440px;" type="text"/>

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

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID <input style="width: 80%;" type="text"/>	Internal Use Only	Employee Initials: _____	Date: _____
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First Name	<input style="width: 95%;" type="text"/>	MI	<input style="width: 80%;" type="text"/>
Last Name	<input style="width: 95%;" type="text"/>	Suffix	<input style="width: 80%;" type="text"/>

Emergency Contacts Page

Contact Address/Phone	Contact Name <input style="width: 90%;" type="text"/> Relationship to Employee <input style="width: 60%;" type="text"/> <input type="checkbox"/> Primary Contact (check if applicable) Same Address as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete address fields below) Street (Address 1) <input style="width: 95%;" type="text"/> Apt. No. (Address 2) <input style="width: 95%;" type="text"/> State <input style="width: 15%;" type="text"/> City <input style="width: 40%;" type="text"/> Zip Code (Postal) <input style="width: 20%;" type="text"/> County (Required) <input style="width: 95%;" type="text"/> Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 20%;" type="text"/>
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Other Phone Numbers	Additional Phone Numbers for Contact: Phone Type <input type="checkbox"/> Cell <input style="width: 20%;" type="text"/> <input type="checkbox"/> Business <input style="width: 20%;" type="text"/>
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Contact Address/Phone	Contact Name <input style="width: 90%;" type="text"/> Relationship to Employee <input style="width: 60%;" type="text"/> <input type="checkbox"/> Primary Contact (check if applicable) Same Address as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete address fields below) Street (Address 1) <input style="width: 95%;" type="text"/> Apt. No. (Address 2) <input style="width: 95%;" type="text"/> State <input style="width: 15%;" type="text"/> City <input style="width: 40%;" type="text"/> Zip Code (Postal) <input style="width: 20%;" type="text"/> County (Required) <input style="width: 95%;" type="text"/> Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 20%;" type="text"/>
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Other Phone Numbers	Additional Phone Numbers for Contact: Phone Type <input type="checkbox"/> Cell <input style="width: 20%;" type="text"/> <input type="checkbox"/> Business <input style="width: 20%;" type="text"/>
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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: _____

Approved By: _____	Date: _____	Data Entered By: _____	Date: _____
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(To be completed by the Employee)

ID <input style="width: 150px;" type="text"/>	EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION FORM
Internal Use Only	

The City of New York is an equal opportunity employer and is strongly committed to a policy of non-discrimination. All forms of illegal discriminatory actions against and treatment of applicants for employment and City employees are prohibited. In order to comply with certain federal regulations, the City of New York invites employees to voluntarily supply race/ethnicity, gender, veteran and disability identification. 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 Male Unknown/I choose not to disclose other - A gender not listed
 Female Non-binary (not female/woman or male/man)

Race / Ethnic Group (check one):

- (W) White, not of Hispanic Origin - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- (B) Black, Not of Hispanic Origin - A person having origins in any of the Black racial groups of Africa.
- (H) Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
- (A) Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, (including, for example, China, India, Japan, Korea, The Phillipine Islands and Samoa).
- (N) American Indian or Alaskan Native - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Veteran and Disability Information (check one):

- Veteran of the Vietnam Era - A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from there with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.
- 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 Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under federal law to have a serious employment disability; or a person who was discharged or released from active duty because of service-connected disability.
- Disabled - A person who has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

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

Signature of Employee: _____ Date: _____

Data Entered By: _____ Date: _____

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