

GEORGE MASON UNIVERSITY FACULTY INFORMATION SHEET

The following information, which is used for reporting at the University, State, and Federal levels, is requested in order to process your appointment at George Mason University. Human Resources will not process your appointment without this form.

PLEASE PRINT

NAME: _____ SSN _____ - ____ - ____
(Last) (First) (M)

HOME ADDRESS: _____
(Number/Street/Apt. #)

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

RACE: _____ SEX: _____ BIRTHDATE: ____/____/____

CITIZENSHIP: U.S. CITIZEN PERMANENT RESIDENT ALIEN NON-RESIDENT ALIEN
Green Card # Issued _____ Visa Type _____

COUNTRY OF CITIZENSHIP (if not U.S.) _____

EMERGENCY CONTACT NAME: _____ Relationship _____
ADDRESS: _____
PHONE: _____

HIGHEST DEGREE: PhD JD MASTER'S BACHELOR'S

NAME OF DEGREE INSTITUTION: _____

COUNTRY OF DEGREE INSTITUTION: _____

ARE YOU A VETERAN: YES NO

SIGNATURE: _____ DATE: ____/____/____

PLEASE SEE REVERSE SIDE OF THIS FORM

OVER.....→.....→

VOLUNTARY EMPLOYEE CERTIFICATION OF HANDICAP

Completion of this portion of the personal data information is completely voluntary. The handicap survey is being performed as part of affirmative action efforts to employ handicapped individual in State positions. Through the survey we hope to determine the total number of handicapped people who are employed by the State. This number will give us an idea of how well the State is doing in terms of recruiting and employing available handicapped people.

ASSURANCE OF CONFIDENTIALITY

The voluntary information requested for this survey shall be kept confidential.

DEFINITION OF INDIVIDUAL WHO HAS A HANDICAP

For the purpose of this certification, the term INDIVIDUAL WITH A HANDICAP shall mean:

An individual who (1) has a physical or mental impairment which substantially limits* one or more of such individual's major life activities; or (2) has a record of such impairment; or (3) is regarded as having such an impairment.

* An individual is considered substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment or education because of a handicap.

According to the codes listed below the code for my handicap is: _____

The limitations or restrictions caused by my handicap(s) are (describe briefly):

100	Blindness, both eyes	500	Other mental psychoneurotic and personality disorders
110	Blindness, both eyes (some correction)	520	Alcoholism
120	Blindness, one eye	521	Drug Addiction
140	Other visual impairment	530	Mental Retardation, mild
200	Deafness, unable to talk	532	Mental Retardation, moderate
210	Deafness, able to talk	534	Mental Retardation, severe
220	Other hearing impairment		
		600	Malignancies
300	Impairment involving three or more (major) limbs	610	Allergies
310	Impairment involving one upper, one lower limb	620	Diseases of the blood
320	Impairment involving one or two upper limbs	630	Epilepsy
330	Impairment involving one or two lower limbs	640	Cardiac, Circulatory & Respiratory
340	Other and ill-defined impairments	650	Digestive & Uro-genital
		660	Speech Impairment
400	Amputation of at least one upper and one lower limb	670	Other
410	Amputation of one or two upper limbs		
420	Amputation of one or two lower limbs	700	Multiple handicaps
430	Amputation of other and unspecified parts		