



# Ursinus College

## STAFF CENSUS SHEET

**Internal Use Only**

Reports to: \_\_\_\_\_

Job Class (EEOC): \_\_\_\_\_

SOC Code: \_\_\_\_\_

Last Name: \_\_\_\_\_ Department: \_\_\_\_\_

First Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Voluntary Self – Identification Information

**Completion of this information is voluntary and is not a requirement. This information will be kept confidential**

Gender:  Male  
 Female

Ethnicity:  Hispanic or Latino  
 Not Hispanic or Latino → Race:

Check all that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Residency Status:  A citizen of the United States  
 A noncitizen of the United States  
 A lawful permanent resident  
 An alien authorized to work in the United States until (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Veteran Status:  I identify as one or more classification of protected veteran  
 Disabled Veteran  
 Recently Separated Veteran (Discharge Date \_\_\_\_/\_\_\_\_/\_\_\_\_)  
 Active Duty Wartime or Campaign Badge Veteran  
 Armed Forces Service Medal Veteran  
 I am not a protected veteran  
 I decline to self-identify

### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_