

# Community College *of* Philadelphia

## POST EMPLOYMENT DATA FORM (PED)

THE COLLEGE IS REQUIRED TO COLLECT AND REPORT DEMOGRAPHIC DATA FOR STATISTICAL REPORTING PURPOSES.

THIS FORM IS KEPT BY HUMAN RESOURCES, NOT BY THE HIRING DEPARTMENT. INFORMATION IS RELEASED ONLY ON A NEED-TO-KNOW BASIS.

<b>PERSONAL PRONOUN: (E.G.: MR; Ms; Mx)</b>	
<b>NAME AS IT APPEARS ON SOCIAL SECURITY CARD:</b>	<b>SOC SEC #:</b>
<b>PREFERRED NAME: (E.G., FOR PHONE DIRECTORY)</b>	<b>DATE OF BIRTH:</b>

<b>HOME STREET ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>HOME PHONE:</b>	<b>HOME E-MAIL:</b>	<b>OTHER PHONE:</b>

<b>GENDER DESIGNATION</b>	<b>PRIMARY ETHNIC SELF-IDENTIFICATION</b>	<b>CITIZENSHIP STATUS</b>
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> <b>HISPANIC OR LATINO.</b> A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.	<input type="checkbox"/> NATIVE OR NATURALIZED CITIZEN OF THE USA  <input type="checkbox"/> LAWFUL PERMANENT RESIDENT  <input type="checkbox"/> NON-RESIDENT ALIEN/ FOREIGN NATIONAL WHO IS AUTHORIZED TO WORK IN USA
<b>MARITAL STATUS</b>	<b>PRIMARY RACIAL SELF-IDENTIFICATION</b>	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER:	<input type="checkbox"/> <b>AMERICAN INDIAN OR ALASKA NATIVE (NOT HISPANIC OR LATINO)</b> A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH, CENTRAL OR SOUTH AMERICA, AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.  <input type="checkbox"/> <b>ASIAN (NOT HISPANIC OR LATINO)</b> A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT.  <input type="checkbox"/> <b>BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO)</b> A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.  <input type="checkbox"/> <b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO)</b> A PERSON HAVING ORIGINS IN ANY OF THE PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.  <input type="checkbox"/> <b>WHITE (NOT HISPANIC OR LATINO)</b> A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST, OR NORTH AFRICA.  <input type="checkbox"/> <b>TWO OR MORE RACES (NOT HISPANIC OR LATINO)</b> ALL PERSONS WHO IDENTIFY WITH MORE THAN ONE OF THE ABOVE FIVE RACES.  <input type="checkbox"/> I DO NOT WISH TO DISCLOSE.	COUNTRY OF CITIZENSHIP:  VISA TYPE:  VALID UNTIL:

<b>DISABILITY STATUS</b>		<b>YES</b>	<b>NO</b>
<b>1</b>	CAN YOU PERFORM THE ESSENTIAL DUTIES OF YOUR POSITION, WITH OR WITHOUT REASONABLE ACCOMMODATION?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	DO YOU REQUIRE ACCOMMODATION OF A DISABILITY IN ORDER TO PERFORM THE ESSENTIAL FUNCTION OF YOUR POSITION, AS ADDRESSED UNDER THE AMERICANS WITH DISABILITY ACT OF 1990?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	IF YES TO #2, PLEASE SUGGEST ACCOMMODATIONS THAT YOU BELIEVE WOULD BE REASONABLE AND THAT WOULD ALLOW YOU TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION:		

SPECIAL VETERANS STATUS		YES	NO
1	ARE YOU A <b>VIETNAM-ERA VETERAN</b> (ANY VETERAN OF THE ARMED SERVICES WHO SERVED ON ACTIVE DUTY FOR AT LEAST 181 DAYS, AT ANY TIME BETWEEN 8/5/64 -- OR 2/28/61 IF YOU SERVED IN THE REPUBLIC OF VIETNAM BETWEEN THAT DATE AND 8/5/64 -- AND 5/7/75, AND WHO WAS EITHER HONORABLY DISCHARGED OR RELEASED BECAUSE OF A SERVICE-RELATED DISABILITY)?	<input type="checkbox"/>	<input type="checkbox"/>
2	ARE YOU A <b>DISABLED VETERAN</b> (ANY PERSON ENTITLED TO COMPENSATION BY THE VETERANS ADMINISTRATION FOR A DISABILITY RATED AT 30% OR MORE, OR WHO WAS DISCHARGED OR RELEASED FROM ACTIVE DUTY BY REASON OF A SERVICE-RELATED DISABILITY)?	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY CONTACT #1	RELATION:
CONTACT NAME:	HOME PHONE:
CONTACT ADDRESS:	CELL PHONE:
CITY / STATE / ZIP CODE:	WORK PHONE:

EMERGENCY CONTACT #2	RELATION:
CONTACT NAME:	HOME PHONE:
CONTACT ADDRESS:	CELL PHONE:
CITY / STATE / ZIP CODE:	WORK PHONE:

THE INFORMATION BELOW IS USED FOR RECORDKEEPING AND/OR IN THE PREPARATION AND PUBLICATION OF VARIOUS CAMPUS INFORMATION SOURCES, SUCH AS THE COLLEGE PHONE BOOK. INFORMATION IS RELEASED ONLY WITH YOUR AUTHORIZATION.

### CAMPUS LOCATION

NAME:	HOME DEPARTMENT:	CAMPUS EMAIL ADDRESS:
PRIMARY OFFICE LOCATION:	BLDG:	ROOM #:
PRIMARY PHONE EXTENSION:	ACTUAL EXTENSION:	PRIMARY EXT. YOU WANT LISTED IN DIRECTORY:
SECONDARY OFFICE LOCATION:	BLDG:	ROOM #:
SECONDARY PHONE EXTENSION:	ACTUAL EXTENSION:	SECONDARY EXT. YOU WANT LISTED IN DIRECTORY:
OFFICE USE ONLY. <input type="checkbox"/> NEW POSITION <input type="checkbox"/> REPLACES:		

SIGNATURE:	Date:
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