**Faculty Information Form**

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| ***LIN:*** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | ***SSN***: | | | |  | | | | | | | | |
| ***Full Legal Name***  *(As it appears on a government-issued ID):* | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | |
|  | | | | | | | | | | | | *First Name* | | | | | | | | | *Middle Name* | | | | | | | | *Last Name* | | | | | | | | | | | *Suffix* | |
| ***Chosen Full Name:***  *(Preferred name for university systems):* | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | |
|  | | | | | | | | | | | | *First Name* | | | | | | | | | *Middle Name* | | | | | | | | *Last Name* | | | | | | | | | | | *Suffix* | |
| ***Home Street Address:*** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***City:*** | |  | | | | | | | | | | | | ***State:*** | | |  | | ***Zip:*** | | |  | | | | | | | ***Phone Number:*** | | | | | | | |  | | | | |
| ***Legal Sex*** *(select one)***:** | | | | | | | | Male | | | Female | | | | | | ***Citizenship*** *(select one)****:*** | | | | | | | | Non-Citizen | | | | | | Citizen | | | | | | Permanent Resident | | | | |
| ***Marital Status*** *(select one)****:*** | | | | | | | | | Single | | | | Married | | | | | Divorced | | | | | | Widowed | | | | | | | | | | ***Birth Date***: | | | | |  | | |
| ***Gender Identity*** *(select one)***:** | | | | | | | | | | | | | | | | | | | | ***Personal Pronouns*** *(select one)***:** | | | | | | | | | | | | | | | | | | | | | |
| Agender  Genderfluid  Gender Non-Conforming  Genderqueer  Man (Cisgender)  Man (Transgender) | | | | | | | | | | Non-Binary  Woman (Cisgender)  Woman (Transgender)  Not Listed (Enter below)  Prefer not to disclose | | | | | | | | | | He/Him/His  He/They  She/Her/Hers  She/They  They/Them/Their | | | | | | | | | | | | Ze/Hir/Hir  Ze/Zim/Zir  Not Listed (Enter below)  Prefer not to disclose | | | | | | | | | |
| ***Ethnicity*** *(select one)***:** | | | | | | | | | | ***Race*** *(multiple selections permitted)***:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hispanic or Latino  Non-Hispanic or Latino | | | | | | | | | | Asian  Black or African American | | | | | | | | | White  American Indian or Alaskan Native | | | | | | | | | | | | | | | | Native Hawaiian or Other Pacific Islander | | | | | | |
| ***Veteran Information*** *(select one)***:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not a Veteran  Active Wartime or Campaign Badge Veteran | | | | | | | | | | | | | | | Not a Protected Veteran  Protected Veteran | | | | | | | | Disabled Veteran  Armed Forces Service Medal Veteran | | | | | | | | | | | | | | | Date of Discharge (mo/yr) | | | |
| ***Emergency Contact Name (1):*** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Phone Number: | | | | | | | |  | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | |  | | | |
| ***Emergency Contact Name (2):*** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Phone Number: | | | | | | | |  | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | |  | | | |
| ***Education*** (please list only completed degrees): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Associate’s Degree** | | | | | | | | | | | | | | | **Month/Year of Graduation** | | | | | | | | | | |  | | | | | | | | |  | | | | | |
|  | Institution | | | | |  | | | | | | | | | | | | | | | | | | | | City/State | |  | | | | | | | | | | | | |  |
|  | Major | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Bachelor’s Degree** | | | | | | | | | | | | | | | **Month/Year of Graduation** | | | | | | | | | | |  | | | | | | | | |  | | | | | |
|  | Institution | | | | |  | | | | | | | | | | | | | | | | | | | | City/State | |  | | | | | | | | | | | | |  |
|  | Major | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Master’s Degree** | | | | | | | | | | | | | | | **Month/Year of Graduation** | | | | | | | | | | |  | | | | | | | | |  | | | | | |
|  | Institution | | | | |  | | | | | | | | | | | | | | | | | | | | City/State | |  | | | | | | | | | | | | |  |
|  | Major | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Doctorate Degree** | | | | | | | | | | | | | | | **Month/Year of Graduation** | | | | | | | | | | |  | | | | | | | | |  | | | | | |
|  | Institution | | | | |  | | | | | | | | | | | | | | | | | | | | City/State | |  | | | | | | | | | | | | |  |
|  | Major | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| ***Do you have any relatives employed or studying at Lehigh?***  Yes  No |
| If yes, indicate full name, your relationship and relative’s home department at Lehigh: |
| I accept responsibility to read, understand, and follow Lehigh’s policies, practices, rules, and regulations as a condition of my employment. I understand that my employment with Lehigh University remains conditional until the successful completion of an Education Verification, Pennsylvania State Police criminal history check (PATCH), an FBI Fingerprinting report, and a child abuse clearance. I understand that I may contact my College Dean’s Office if I have questions or concerns.  I have signed this authorization freely, voluntarily, and of my own accord.   |  | | --- | |  | |  |   Signature  Click or tap to enter a date.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

August 2023