**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 orOther 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): |
|  |  |
| [ ]  | **Associate’s Degree** | **Month/Year of Graduation** |  |  |
|  | Institution |       | City/State |       |  |
|  | Major |       |  |
|  |  |
| [ ]  | **Bachelor’s Degree** | **Month/Year of Graduation** |  |  |
|  | Institution |       | City/State |       |  |
|  | Major |       |  |
|  |  |
| [ ]  | **Master’s Degree** | **Month/Year of Graduation** |  |  |
|  | Institution |       | City/State |       |  |
|  | Major |       |  |
|  |  |
| [ ]  | **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.

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 SignatureClick or tap to enter a date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |

August 2023