Stark State COLLEGE

DATA SHEET

S# _____

_____ High School Adjunct

Dept. _____

_____Online Supporting Teacher

Division _____

FIRST NAME	MIDDLE NAME	LAST NAME	PREFIX/ SUFFIX

PREFERRED NAME	SOCIAL SECURITY #	STARK STATE COLLEGE - DEPARTMENT

HOME ADDRESS

STREET _____ COUNTY _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

CELL PHONE _____ EMAIL ADDRESS _____

* GENDER	* PRONOUN	* BIRTHDATE (MM/DAY/YEAR)	*MARITAL STATUS
☐ MALE ☐ FEMALE ☐ OTHER ☐ I DO NOT WISH TO DISCLOSE	☐ HE/ HIM ☐ THEY/THEM ☐ SHE/ HER ☐ _____		☐ MARRIED ☐ SEPARATED ☐ SINGLE ☐ WIDOWED ☐ DIVORCED

* ETHNICITY/ RACE		**PROTECTED VETERAN (if applicable)
☐ WHITE , non-Hispanic ☐ BLACK/AFRICAN AMERICAN ☐ HISPANIC /LATINO ☐ ASIAN ☐ OTHER: _____	☐ NATIVE HAWAIIAN/PACIFIC ISLANDER ☐ AMERICAN INDIAN/ ALASKA NATIVE ☐ RACE/ETHNICITY UNKNOWN	☐ ACTIVE DUTY/ WAR TIME OR CAMPAIGN BADGE VETERAN ☐ ARMED FORCES SERVICE MEDAL ☐ VIETNAM DISABLED VETERAN ☐ RECENTLY SEPARATED VETERAN Date: _____

DISABILITY

☐ YES ☐ NO ☐ I DO NOT WISH TO DISCLOSE

(If YES, Please Explain) _____

CITIZENSHIP STATUS

☐ US CITIZEN ☐ NON-CITIZEN ☐ NON-PERMANENT RESIDENT ☐ PERMANENT RESIDENT

HIGHEST LEVEL OF EDUCATION

☐ High School ☐ Associate ☐ Bachelor ☐ Master ☐ Master + _____ ☐ Doctorate

☐ Some College ☐ Certificates: _____

EDUCATION INFORMATION (List Highest Degree First) Please use additional paper if needed

DEGREE MAJOR

INSTITUTION GRAD DATE

DEGREE MAJOR

INSTITUTION GRAD DATE

DEGREE MAJOR

INSTITUTION GRAD DATE

PROFESSIONAL LICENSES AND/OR CERTIFICATES

LICENSE ISSUE DATE

ISSUED BY EXPIRATION DATE

LICENSE ISSUE DATE

ISSUED BY EXPIRATION DATE

LICENSE ISSUE DATE

ISSUED BY EXPIRATION DATE

Signature:_____ Date: _____