INDIANA UNIVERSITY

PERSONAL PROFILE FORM (PS)

FOR DEPARTMENT USE ONLY

Employee's Office Mailing Address and Phone

_____ _____
Street Building/Room

_____ _____
City State Zip Code Phone

Legal Name: _____
Last First Middle

Note: *Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.*

University ID# _____ (10-digit Employee ID) **Last four digits of Social Security Number** _____

Home Mailing Address (if different from Home Address):

_____ _____
Street (Apt#)

_____
City County State Zip Code

Foreign Address (required for International employees):

_____ _____
Street (Apt#)

_____
City County/Province/Region/Prefecture Country Postal Code

Emergency Contact

Name: _____
First Middle Last

Address: _____ _____
Street (Apt#)

_____ _____
City State Zip Code

_____-_____-_____ _____
Phone Type (home, cell, work)

Prior Work Experience (list in reverse chronological order)

Dates of Employment From - To	Employer	Country	City	State	Ending Positon Title

Professional Education (list all colleges and universities attended)

Country	Degree	Date Aquired	Date Expected	Major	School	State

Licenses and Certifications

License	Issue Date	License #	Issued By	Expiration Date

Honors and Awards

Honor or Award	Grantor	Issue Date

Major Publications (attach a complete bibliography to this form)

Membership and offices in professional and other organizations _____

_____

Educational or public institutions of which you are a director or trustee _____

Have you ever been convicted of a felony? ❑ yes ❑ no

Central Offices: *The information from this section is kept in hard copy format in central files only.*

I certify that all information given on this form is true. I understand that any false statement made herein or omission of convictions or current criminal charges is sufficient reason for rejection of my employment. I further authorize the University to investigate all information provided on this form. I authorize such educational institutions, employers, and others (and their agents or employees) to respond to questions concerning information given on this form and I further release from liability such former employers, institutions, or persons providing such information to the University. I understand that my employment is contingent on the University receiving verification of my credentials and other information required by law.

Signature: _____ **Date:** _____

Departments: Forms should be submitted to the campus Academic Affairs office.