UNT EMPLID #_____

HRM-1A

University of North Texas/UNT System
EMPLOYEE BIOGRAPHICAL DATA (EBD) FORM

Last Name **First Name** **Date of Birth (mo/da/yr)**

Selective Service # (males 18-25 only)

Gender
- Male
- Female

Marital Status
- Single
- Married

Highest Level of Education
- Doctorate
- Bachelor
- High School Diploma
- Masters
- Associates

Social Security Number **Mailing Address** **Residential Address** *Check if same as mailing*

Phone Number

Home Email Address **Emergency Contact & Relationship** **Emergency Contact Phone**

Race Group

Are you Hispanic or Latino? (Select one)
- Yes
- No

** If you have identified yourself as Hispanic or Latino, it is not necessary to select an additional ethnicity category.*

Ethnicity Group (Not Hispanic or Latino)

(Select all that apply. If selecting more than one race, note P for primary and S for secondary.)

- White - **WHITE**
- Black or African American - **BLACK**
- Asian - **ASIAN**
- Native Hawaiian or Other Pacific Islander - **PACIF**
- American Indian or Alaska Native - **AMIND**

Military Status (Select all that apply.)
- Not a Veteran
- Disabled Veteran
- Special Disabled Veteran
- Recently Separated Veteran
- Vietnam Era Veteran
- Armed Forces Service Medal Veteran
- Other Protected Veteran

_____
Date of Discharge (if within the past 36 months)

The Texas Public Information Act allows you to restrict public access to your SSN, family member information, addresses, and phone. May we release (please check for NO)?
- NONE
- Emergency Contact
- Family Member
- Mailing Address
- Residential Phone
- Residential Address

OATH OF STATE OFFICE AND STATE CONSTITUTIONAL REQUIREMENTS: I affirm that I will faithfully execute the duties of the position(s) to which I have been/will be assigned at UNT or UNT System, an Institution of the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws of the United States and of this State. I further affirm that I have not directly or indirectly paid, offered, or promised to pay, contributed, or promised to contribute any money or valuable thing, or promised any public office of employment, as a reward to secure my appointment or confirmation thereof. I affirm that I am not receiving salary or compensation as agent, or appointee for, or hold, more than one office or position of honor, trust, or profit under this State of the United States, except as prescribed by the Constitution of Texas.

INFORMATION SECURITY AGREEMENT: I am aware that the information security policies and procedures for the UNT/UNT System are available on the World Wide Web at http://www.unt.edu/ccadmin/security. When using the University's automated information systems, I agree to abide by these policies and procedures, and to seek training as necessary in order to fully understand and fulfill my responsibilities. I understand that certain information is confidential and is intended for use only at UNT/UNT System. I accept the responsibility to protect this information as described within the Family Education Rights and Privacy Act, the Texas Public Information Act, and the information security policies and procedures of UNT/UNT System.

AT WILL EMPLOYMENT: My employment with the University of North Texas or the UNT System is considered to be "at will" unless otherwise stipulated by contract or University policy.

NEPOTISM REQUIREMENTS: I affirm that I am not related within the third degree by consanguinity or the second degree by affinity to any member of the Board of Regents of the University of North Texas.

SELECTIVE SERVICE REGISTRATION AGREEMENT: My signature below indicates that I have been informed of the requirement for eligible males ages 18-25 to be registered with the U.S. Selective Service System upon employment with the State of Texas, and that if eligible; I have already or will immediately register with Selective Service. Failure to register will result in termination from employment.

ALL EMPLOYEES: **I certify that the information provided above is current and accurate to the best of my knowledge.**

Employee's Signature: ***Date:***