

Employee Information Form

Please complete the entire form and bring to University Human Resources Offices located in Wilson Hall.

Social Security Number	Last Name	First Name	Middle Name/Initial
Date of Birth	Sex	Primary Phone Number	Secondary Phone Number
	___ Male ___ Female		
Permanent Address	City	State	Zip Code

Emergency Contact Information	Last Name :	First Name:
Relationship to Employee:	Phone:	

Veteran Information (check ALL that apply)	Ethnicity/Race
<p>___ Disabled Veteran: a veteran entitled to compensation under laws administered by the Secretary of Veteran Affairs or a person discharged or released from active duty because of a service connected disability</p> <p>___ Active Duty Wartime or Campaign Badge Veteran: a veteran that has served on active duty during a war, campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense</p> <p>___ Armed Forces Service Medal: a veteran who while serving on active duty participated in a military operation for which an Armed Forces service medal was awarded</p> <p>___ Recently Separated Veteran: a veteran during the three year period beginning on the date of such veteran's discharge or release from active duty</p> <p>If so what was your date of discharge? _____</p>	<p>Are you Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish cultures or origin, regardless of race): ___ Yes ___ No</p> <p>Select one or more of the following racial categories to describe yourself:</p> <p>___ American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment</p> <p>___ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam</p> <p>___ Black or African American: A person having origins in any of the black racial groups of Africa</p> <p>___ Native Hawaiian or Pacific Islander: A person having origins in any of the original persons of Hawaii, Guam, Samoa or other Pacific Islands</p> <p>___ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East</p>

Government/Payroll Forms (Required for ALL New Hires) Please print and bring completed forms to UHR located in 430 Wilson Hall

- Employment Eligibility Verification I-9 Form [US Citizenship and Immigration Services Download Form I-9](#) (Please print and complete Eligibility form only)
- W-4 Federal [Internal Revenue Service W-4 Form](#)
- W-4 State [W-4 Form State of Michigan](#)
- [PW-4 City of Pontiac](#) (Please print and complete if you reside in the City of Pontiac)
- [DW-4 City of Detroit](#) (Please print and complete if you reside in the City of Detroit)
- Oakland University Payroll [Direct Deposit Form](#)

Administrative Policies and Procedures (for review only—do not print)

Policy 710 Administrative Guidelines Prohibiting Discrimination Policy 711 Guidelines for Handling Discrimination Complaints	<p>Information Technology Policies: Policy 830; Policy 850; Policy 860; Policy 870; Policy 880; Policy 890;</p> <p>Policy 470 Release of Student Educational Records</p> <p>Policy 406 Conflict of Interest Nepotism</p> <p>Drug-Free Workplace policy</p>
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OATH OF EMPLOYEES OF STATE AND ITS GOVERNMENTAL AGENCIES

State of Michigan County of Oakland

Michigan State law requires that all employees of Oakland University shall, as a condition of employment, take and subscribe to this affirmation:

I do solemnly swear (or affirm) that I will support the constitution of the United States of America and the constitution of the state of Michigan, and that I will faithfully discharge the duties of my position according to the best of my ability.

I, as an employee of Oakland University, you agree to read, understand and comply with the materials and policies listed above.

Employee Signature _____ Date _____