## MILLERSVILLE UNIVERSITY - BIO/DEMO INFORMATION

Last Name	<u>IS: Type or print legibly in INK; form must be completed</u> First Name		d and signed before payroll processing begins. M.I.			
Street Address				Department:		
				<b>Ethnicity:</b> Hispanic or L	atino	
City	State	Zip	Co	□ Not Hispanic	or Latino Township	
City State Zip County Township						
Demographic Info: Gender: $\square M$ $\square F$ Cell or Home Phone:						
Marital Status:  Single  Married  Widowed  Divorced  Separated						
Race:  □ White		Black or African America		Native Hawaiian or Pacific Islander		
$\Box$ Two or more Races $\Box$ Asian		Asian		American Indian or Alaskan Native		
Retirement:						
Are you currently enrolled in? $\Box$ SERS $\Box$ PSERS $\Box$ Neither						
Are you currently collecting a pension from?   SERS  PSERS  Neither						
Are you a United States Veteran? 🗆 Yes 🗆 No If YES, please attach DD-214 or similar official verification of your service.						
Military Status:						
□ Active □ Retired □ Inactive reserve □ Inactive reserve □ On Call						
Disabled Veteran     Vietnam veteran     Discharge Date:						
Veteran Status: <ul> <li>Non-Veteran</li> <li>Special disabled veteran</li> <li>Vietnam-era veteran</li> <li>Armed Forces Service Medal veteran</li> </ul>						
<ul> <li>Special disabled vetera</li> <li>Other Protected veterar</li> </ul>		<ul> <li>Vietnam-era vet</li> <li>Recently separat</li> </ul>		□ Armed Forces Serv	ice Medal Veteran	
EDUCATION HISTORY						
UNDERGRADUATE COLLEGE				Degree Awarded & Field of Study	Degree Completion Date	
OR UNIVERSITY		Name of School				
(please forward original						
transcripts to Department)		City & State		-		
-				Degree Awarded & Field Degree Completion		
GRADUATE COLLEGE		Name of School		_ of Study Date		
OR		Name of School				
UNIVERSITY (please forward original	alease forward original					
transcripts to		City & State				
Department)				Degree Awarded & Field	Degree Completion	
GRADUATE				of Study Date		
COLLEGE OR		Name of School				
UNIVERSITY						
(please forward original transcripts to		City & State		-		
Department)						
OTHER				Degree Awarded & Field of Study	Degree Completion Date	
(please forward original		Name of School		- Of Study	Daic	
transcripts to Department)						
Department)		City & Stata		-		
				tements are true and understand the		
omission of facts called for in this form is cause for termination of employment. I also agree to abide by all regulations of the University.						
Signature:          Date:						