

## New Hire Demographic Form

The hiring department to complete form upon applicant's acceptance of job offer

**Note: This form must not be emailed or scanned  
if a Social Security Number is included**

### Personal Information

#### Email address

(Important! This will be used by GatorStart to contact employee and should be a personal email address)

UFID \_\_\_\_\_  
(please ask employee if they have a UFID)

Hire Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yr

Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yr

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender  Male  Female

Marital Status  Single  Married

Citizenship Status  Citizen  Non-Citizen National of US  Non-Resident Alien  Perm Resident

Highest Education Level  2-Yr College  Bachelor  Doctorate  High School Grad  
 Less Than High School  Tech School  MD,DDS,JD  
 Some College  Master  Other \_\_\_\_\_

### Home Address & Phone (permanent physical address: may/may not be a US address)

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

**Mailing Address & Phone (employee's local address: must be a US address)**

Check here if same as permanent address

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

**Business Address & Phone (UF address: typically a PO Box)**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

**Department Use Only (optional)**

Department ID

Salary Plan \_\_\_\_\_ Position No. \_\_\_\_\_ JobCode \_\_\_\_\_

Empl Class \_\_\_\_\_ FTE \_\_\_\_\_ Std Hrs \_\_\_\_\_

Comp Rate \_\_\_\_\_ Workgroup \_\_\_\_\_ FICA status \_\_\_\_\_

Notes:

Read and complete each of the four sections of this form.

NAME \_\_\_\_\_  
(First) (M.I.) (Last)

UFID \_\_\_\_\_

**Section 1—LOYALTY OATH**

I, the above-named citizen of the state of Florida and the United States of America, and being employed by or an officer of the University of Florida and a recipient of Public Funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the state of Florida.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
(Notary Signature) Notary Certificate No. \_\_\_\_\_

\_\_\_\_\_  
(Name Typed)

**Section 2—INTELLECTUAL PROPERTY AGREEMENT**

During my employment by, appointment with, and/or affiliation with the University of Florida, I may discover, invent, or create work products that may be copyrighted, trademarked or patented.

I understand and agree that, because of my employment, appointment, and/or affiliation, the University has a valid interest in all such matters whether they be writings, designs, productions, inventions, discoveries or developments conceived and/or made by me during any period of University employment, appointment, and/or affiliation as well as in any related copyrights, trademarks or patent rights, actual or potential.

As a term of my employment, appointment, and/or affiliation, I understand and agree that the University owns any such inventions, discoveries, or any other material that may be patented or trademarked in accordance with the law or with a determination made by the University which shall take into account the relative contributions made by me and the University, the extent to which University resources and facilities were used, or whether the invention, discovery, or any other material that may be patented or trademarked arose out of the field or discipline in which I was employed, appointed, or affiliated. In addition, as a term of any employment, appointment, and/or affiliation, I understand and agree that the University may own work products that may be copyrighted pursuant to the regulations of the University and/or applicable collective bargaining agreements.

As further confirmation of the University's ownership rights described above, I hereby assign to the University all rights in work products that the University owns as described above and in actual or prospective patents, trademarks or copyrights on such work products.

I also agree not to transfer any rights or disclose any information concerning any such work products or the work products of any other University employee, appointee, or affiliate to any person other than as permitted by the regulations of the University or applicable collective bargaining agreements.

By execution of this agreement I understand that I am not waiving any rights to a percentage of payments received by the University for such work products as set forth in the University of Florida Intellectual Property Policy. If I am a member of the collective bargaining unit, I acknowledge receipt of a copy of the Intellectual Property Article of the current collective bargaining agreement.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
(Notary Signature) Notary Certificate No. \_\_\_\_\_

\_\_\_\_\_  
(Name Typed)

### Section 3—VETERAN'S SURVEY

The University of Florida is a federal contractor subject to the Vietnam Era Veterans Readjustment Assistant Act of 1974 (VEVRA), as amended, which requires the university to report employee veteran status annually. This survey is requested of all employees. Please check all boxes that apply to you:

**Non-Veteran**

- A person who never served with the U.S. military, ground, naval or air service.
- A person who is currently active duty in U.S. military, ground, naval or air service and has not been discharged as of today's date.
- Reservist who has not served in active duty.

**Disabled Veteran**

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.

**Special Disabled Veteran**

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (C) a person who was discharged or released from active duty because of a service-connected disability.

**Other Protected Veteran**

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition.

**Armed Forces Service Medal Veteran**

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).

**Veteran of the Vietnam Era**

A person who: (1) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than an dishonorable discharge, if any part of such active duty was performed: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (2) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1971, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Please indicate your Date of Separation: \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

### Section 4—RACE AND ETHNICITY INFORMATION

The U.S. Department of Education requires educational institutions to report on race and ethnicity of students and employees. Please complete the following questions:

**Are you Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

**How would you describe yourself?** (Choose one or more from the following racial groups)

- American Indian or Alaska 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.)
- Asian  
(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American  
(A person having origins in any of the Black racial groups of Africa – includes Caribbean Islanders and other of African origin.)
- Native Hawaiian or Other Pacific Islander  
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White  
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_