Ball State University

Step 1: New Person Identity Form

For faculty, professional, staff, and service personnel

Complete this form to initiate the creation of a personnel record in the database. Return the completed form to Human Resources after the candidate has accepted a new position with the university.

Person Name	Biographical Information
Enter the spelling and format of the legal name as supplied by the person. For multiple	Gender OMale OFemale
part names, either hyphenated or unhyphenated, enter the name as it was given to you.	Citizenship ONon-Citizen OPermanent Resident OCitizen
Last Name	Marital Status OCompanion/Partner ODivorced OMarried OSingle OWid
If the person supplied their legal name, but prefers to go by a different first name, their preference can be entered using the Preferred First Name field below.	Birth Date Enter dates as MMDDYYYY with no spaces, commas, hyphens or slashes.
	Education
First Name	
Enter a middle name only if supplied by the person. If only an initial is given, enter only the initial followed by a period. Single spaces or hyphens are permitted only if the legal spelling and format of the name includes them.	Highest Degree Earned (B.S. in Computer Science, M.A. in Music, MBA)
	Name of institution granting highest degree earned Date Degree Granted
Middle Name	Ethnicity
Enter a prefix only if one is supplied by the person. Common prefixes are: Miss, Mr., Mrs., Ms., and Dr. Use the prefix Dr. instead of the corresponding academic or medical degree suffix of Ph.D., M.D., O.D.	Is the person Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?
Prefix	Please select one response. OYes ONo
Enter a suffix only if one is supplied by the person. Common suffixes are: Jr., Sr., II, III, J.D., and Esq. Multiple personal and professional suffixes can be entered in the field separated by a comma and single space.	Race Please indicate if you are from one or more of the following races. Please select all that apply.
Suffix	☐ 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 tribal affiliation or community attachment.
Enter a preferred first name only if supplied by the person. If no preferred name is given, leave the field blank.	Black or African American. A person having origins in any of the black racial groups of Africa.
Preferred First Name	
	☐ Unknown Race
Mailing Address	Asian. A person having origins in any of the original peoples of the Far East,
When space is available, secondary address designators like apt. number and suite number, should be inserted at the end of Street Line 1 entries. If space is not available, enter apt. or suite numbers on Street Line 2.	Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Charatting 1	Hawaiian Native or Pacific Islander. A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Street Line 1	Hispanic. This box will be checked if you selected 'YES' to the ethnicity question.
Street Line 2	REQUIRED DEPARTMENT INFORMATION
City	Budget and Position Classification Information Please include your department's six-digit FOAPAL organization/department
	code and the employee classification for this position.
State or Province ZIP Code + four or Postal Code	Organization Code Employment Classification (E-Class)
	Use the six-digit <u>FOAPAL Code</u>
County of Residence Nation	Credential Verification
	Yes, the Chairperson/Administrative Head attests that the department has verified all of the items listed below before the recommendation for
Permanent Area Code and Phone Number Extension	appointment was made:
	All work experience qualifying the person for the position
Alternate E-mail address where account information will be sent. This	☐ All employment during a period of at least seven years immediately preceding the date of application
should not be a Ball State e-mail address which includes @bsu.edu.	☐ All references
Campus Address	☐ All academic diplomas and degrees, and any required licensure(s)
	Chairperson/Administrative Head Date
Campus Building Name (Address Type: Business) Room Number	Effective Employment Date The date the employee will begin work.
Campus Phone Number (Telephone Times Pusingers)	Submitted by:
Campus Phone Number (Telephone Type: Business) Please follow the formatting directions and always use proper capitalization. Refer to	Name Phone
the Ball State Data Standards Guide for more details about name abbreviations for international, military, and correctional facilities.	Department Date

After selecting the submit button, a pop-up screen will appear. Select the option labeled, Desktop Email Application. This action will use Outlook to send this form to Human Resources (hrbanner@bsu.edu).