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

Enter the spelling and format of the legal name as supplied by the person. For multiple part names, either hyphenated or unhyphenated, enter the name as it was given to you.

Last Name

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.

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.

Middle Name

*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.*

Prefix

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.

Suffix

Enter a preferred first name only if supplied by the person. If no preferred name is given, leave the field blank.

Preferred First Name

Mailing Address

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.

Street Line 1

Street Line 2

City

IN-Indiana

State or Province

ZIP Code + four or Postal Code

County of Residence

Nation

Permanent Area Code and Phone Number

Extension

Alternate E-mail address where account information will be sent. This should not be a Ball State e-mail address which includes @bsu.edu.

Campus Address

Select Campus Building

Campus Building Name (Address Type: Business)

Room Number

765-285-

Campus Phone Number (Telephone Type: Business)

Please follow the formatting directions and always use proper capitalization. Refer to the Ball State Data Standards Guide for more details about name abbreviations for international, military, and correctional facilities.

Biographical Information

Gender ○ Male ◉ Female

Citizenship ○ Non-Citizen ○ Permanent Resident ○ Citizen

Marital Status ○ Companion/Partner ○ Divorced ○ Married ○ Single ○ Widowed

Birth Date Enter dates as MMDDYYYY with no spaces, commas, hyphens or slashes.

Education

Highest Degree Earned *(B.S. in Computer Science, M.A. in Music, MBA)*

Name of institution granting highest degree earned

Date Degree Granted

Ethnicity

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)?

Please select one response. ○ Yes ◉ No

Race

Please indicate if you are from one or more of the following races. Please select all that apply.

- ☐ **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.
- ☐ **Black or African American.** A person having origins in any of the black racial groups of Africa.
- ☐ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Unknown Race**
- ☐ **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.
- ☐ **Hawaiian Native or Pacific Islander.** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Hispanic.** This box will be checked if you selected 'YES' to the ethnicity question.

REQUIRED DEPARTMENT INFORMATION

Budget and Position Classification Information

Please include your department's six-digit FOAPAL organization/department code and the employee classification for this position.

Organization Code

Employment Classification (E-Class)

Select One

Use the six-digit *FOAPAL Code*

Credential Verification

Yes, the Chairperson/Administrative Head attests that the department has verified all of the items listed below before the recommendation for appointment was made:

- ☐ All work experience qualifying the person for the position
- ☐ All employment during a period of at least seven years immediately preceding the date of application
- ☐ All references
- ☐ All academic diplomas and degrees, and any required licensure(s)

Chairperson/Administrative Head _____ Date _____

Effective Employment Date The date the employee will begin work.

Submitted by:

Name _____ Phone _____

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).

Send to Human Resources

Save PDF **Clear Form**