

Information Form for Postdoctoral Appointees

***Please note: this form must be filled in using a computer (typed) and submitted with the hiring paperwork by the department representative.***

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: | Enter text. | First Name: | Enter text. |
|  |  |  |  |
| Middle Name: | Enter text. | Birthdate: | MM/DD/YYYY | Sex: | Choose an item. |
|  |  |  |  |  |  |
| Permanent Address: | Enter text. | Local Mailing Address (required): | Enter text. |
|  |  |  |  |
| City, State, Zip: | Enter text. | City, State, Zip: | Enter text. |
|  |  |  |  |
| Country: | Enter text. | Phone Number: | Enter text. |
|  |  |  |  |
| Marital Status: | Choose an item. | Gender Identity: | Choose an item. | Preferred Pronoun: | Choose an item. |

|  |  |
| --- | --- |
| Personal (non-UR) Email Address: | Enter text. |
|  |  |
| LinkedIn Web Address: | Enter text. |
|  |  |
| ORCID iD (required): | Enter text. | eRA Commons Name: | Enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you attended the U of R before? | Choose an item. |  URID (if available): | Enter text. |

Citizenship and Ethnicity Information

*Colleges and universities are asked by many groups, including the federal government, accrediting associations, funding organizations, college guides, and newspapers, to describe the background of their students and employees. In order to respond to these requests, we ask you answer the questions below.*

|  |  |
| --- | --- |
| Citizenship: | Choose an item. |

|  |
| --- |
| **US Citizens and Permanent Residents Only:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you Latino or Hispanic (including Spain)? | Choose an item. |  |[ ]  Prefer not to answer |

Regardless of your answer to the prior questions, please select one or more of the following best describing you:

|  |  |
| --- | --- |
|[ ]  American Indian/Alaska Native (including all Original Peoples of the Americas) |[ ]  Asian (including Indian subcontinent and Philippines) |
|[ ]  Native Hawaiian/Other Pacific Islander (Original Peoples) |[ ]  Black/African American (including Africa and Caribbean) |
|[ ]  White (including Middle Eastern) |[ ]  Prefer not to answer |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you from a disadvantaged background? | Choose an item. |  |[ ]  Prefer not to answer |

*An individual is considered to be from a disadvantaged background if they meet two or more of the criteria listed on the NIH’s website:*

[*https://extramural-diversity.nih.gov/diversity-matters/disadvantaged-backgrounds*](https://extramural-diversity.nih.gov/diversity-matters/disadvantaged-backgrounds)

|  |
| --- |
| **Non-US Citizens Only:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Country of Citizenship: | Enter text. | Visa Type: | Choose an item. |

Military Service Information

|  |  |  |  |
| --- | --- | --- | --- |
| Do you currently serve in the military? | Choose an item. | Are you a military veteran? | Choose an item. |

|  |  |
| --- | --- |
| If yes, please describe: | Enter text. |

Publication Information

|  |  |
| --- | --- |
| How many published or in-press publications do you have in total? | Enter text. |
|  |  |
| How many published or in-press first-author publications do you have in total? | Enter text. |

Education Information

|  |
| --- |
| Doctoral Degree Information |

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Type: | Choose an item. | If other degree type, please specify: | Enter text. |
|  |  |  |  |
| Institution Name: | Enter text. | Date Conferred: | MM/DD/YYYY |
|  |  |  |  |
| Institution City: | Enter text. | Institution State/Region: | Enter text. |
|  |  |  |  |
| Institution Country: | Enter text. |
|  |  |
| Degree Field/Discipline: | Choose an item. |
|  |  |
| If Other, please specify:  | Enter text. |
|  |  |
| Title/Topic of Research: | Enter text. |
|  |  |
| Research Advisor: | Enter text. |

|  |
| --- |
| Additional Doctoral Degree Information (if applicable) |

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Type: | Choose an item. | If other degree type, please specify: | Enter text. |
|  |  |  |  |
| Institution Name: | Enter text. | Date Conferred/Expected: | MM/DD/YYYY |
|  |  |  |  |
| Institution City: | Enter text. | Institution State/Region: | Enter text. |
|  |  |  |  |
| Institution Country: | Enter text. |
|  |  |
| Degree Field/Discipline: | Choose an item. |
|  |  |
| If Other, please specify:  | Enter text. |
|  |  |
| Title/Topic of Research: | Enter text. |
|  |  |
| Research Advisor: | Enter text. |