



GT Human Resources
PERSONAL DATA FORM

Student Employee? Yes No

Print clearly using black or blue ink.

| Personal Information | |
|---|---|
| Name: _____ (Last) (First) (Middle Name / Initial) | |
| SSN: _____ - _____ - _____ | gtID#: _____ |
| Local Address: _____ (All correspondence will be sent to this address) (Number & Street) | |
| _____ (City) | _____ (State) |
| _____ (Zip) | _____ (County) |
| Personal Telephone #: (_____) _____ - _____ | GT Work Telephone #: (_____) _____ - _____ |
| Indicate home information you wish included in GT online and printed faculty/staff directories: | |
| <input type="checkbox"/> Home address and phone number <input type="checkbox"/> Home phone only <input type="checkbox"/> Home address only <input type="checkbox"/> No home information (default) | |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single |

| Educational Information | |
|--|---|
| Please indicate the highest education level achieved (check one): | |
| <input type="checkbox"/> H.S. Credit | <input type="checkbox"/> Associate Degree (2 yr. College) |
| <input type="checkbox"/> H.S. Diploma / GED | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Some Graduate Credit |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Doctorate: Academic (PhD, EDD, DSC, DGA) |
| <input type="checkbox"/> Specialist - EDS | <input type="checkbox"/> Post Doctoral Credit |
| <input type="checkbox"/> Doctorate: Professional (DVM, MD, DDS, JD) | <input type="checkbox"/> ABD - All but dissertation |
| Please list degrees (associate degrees and above): | |
| Degree | Major |
| Awarding Institution | Month/Year Awarded |
| _____ | _____ |
| _____ | _____ |
| GTRI student employees: | |
| Degree Pursuing | Major |
| Name of Institution (if other than Georgia Tech) | |
| _____ | _____ |

| Other Information | |
|---|---|
| Date of Birth: ____/____/____ (Month / Day / Year) | Birthplace: _____ (City) (State) (Country) |
| Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident | <input type="checkbox"/> Other citizenship: _____ U.S. Visa Status: _____ (Must complete GLACIER tax compliance software) |
| Are you Hispanic or Latino? (Choose only one) | |
| <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) | |
| What is your race? (Choose one or more races below) | |
| <input type="checkbox"/> 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.) <input type="checkbox"/> 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, Vietnam and Laos.) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) | |
| Previous GT Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | (Approx. Dates): _____ |
| Previous Georgia State Agency / University System of Georgia Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency/Institution Name: _____ |
| GT Home Dept.: _____ | Job Title: _____ |
| Emergency Contact Person: _____ | Relationship: _____ |
| Address (if different from employee): _____ (Number & Street) | |
| _____ (City) | _____ (County) |
| _____ (State) | _____ (Zip) |
| _____ (Country) | |
| Emergency Telephone: (_____) _____ - _____ | |

PERSONAL DATA FORM

Veteran Status / Military Status Codes

Veteran Status (choose all that apply):

Non Veteran (N)

Recently Separated Veteran

Date of Discharge: _____

Military Status Codes:

Active Reserve (R)

Definitions on Page 2

Vietnam Era Veteran (V)

Other Protected Veteran (O)

National Guard Active (G)

Disabled Veteran (D)

Armed Forces Service Medal Veteran (M)

Have you ever been convicted of a crime? Please check one box: Yes No

If your answer above is “yes” to a conviction, check all that apply:

Felony? Yes No

Misdemeanor? Yes No

Are any charges currently pending against you for any violation of any federal law, state law, county, military, or municipal law, regulation, or ordinance? Yes No

For the purposes of this application process, criminal convictions include any adjudication of guilt by a judge or jury for any crime. This does not include minor traffic offenses, but does include “no contest” pleas, first-offender treatment, convictions under appeal and pardoned convictions. Minor traffic offenses are those that do not involve driving while under the influence of alcohol or other drugs and did not result in imprisonment and/or an imposed fine of less than \$250. If you have been convicted of a crime in any jurisdiction for any violation of any federal law, state law, county, military, or municipal law, regulation, or ordinance, we may need for you to provide the official documentation of the conviction from an authorized law enforcement agency prior to starting work with this institution.

If your answer is yes to any of these questions, list the conviction or pending charge below. Include those that resulted in paying a fine of more than \$250, being put on probation, and/or incarceration (jail time). If you need more space, please provide us with the complete explanation on a separate page.

| Conviction Charges or Pending Charges | Date | City/State of Conviction or Pending Charge |
|---------------------------------------|------|--|
| | | |
| | | |
| | | |

NOTE: Convictions and the nature of your affiliation with Georgia Tech will be taken into consideration prior to engagement of work.

Definitions on Veterans

Recently Separated Veteran: a veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service. A discharge date must be listed for any person who is a recently separated veteran according to this definition.

Armed Forces Services 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 Services Medal was awarded pursuant to Executive Order 12985. A veteran’s discharge form (DD Form 214) indicates whether a veteran received a service medal.

Disabled Veteran: (i) 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 (ii) a person who was discharged or released from active duty because of a service connected disability.

Vietnam Era Veteran: a person who: (i) 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 a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) 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, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

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 for which a campaign badge has been authorized.



Georgia Institute of Technology
SECURITY QUESTIONNAIRE

NOTICE: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each individual utilizing public facilities on a campus of the Georgia Institute of Technology or acting in an adjunct role, to complete and sign a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits acts, advocates, or teaches the overthrow of the government of the United States or government of the State of Georgia by force or violence or who is a knowing member of a subversive organization.

INSTRUCTIONS: Prepare in original only. Fill in all items. If more space is needed for any item, or explanation, continue under Item 5. Please type or print in ink.

1 Name

Other Names Used: (Maiden name, names by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Specify which, and show dates used.)

2 Address

(Street and No.)

(City)

(State)

(Phone No.)

3(A) Have you ever been convicted of a crime? Please check one box: Yes No

If your answer above is "yes" to a conviction, check all that apply:

Felony? Yes No

Misdemeanor? Yes No

3(B) Are any charges currently pending against you for any violation of any federal law, state law, county, military, or municipal law, regulation, or ordinance? Yes No

For the purposes of this application process, criminal convictions include any adjudication of guilt by a judge or jury for any crime. This does not include minor traffic offenses, but does include "no contest" pleas, first-offender treatment, convictions under appeal and pardoned convictions. Minor traffic offenses are those that do not involve driving while under the influence of alcohol or other drugs and did not result in imprisonment and/or an imposed fine of less than \$250. If you have been convicted of a crime in any jurisdiction for any violation of any federal law, state law, county, military, or municipal law, regulation, or ordinance, we may need for you to provide the official documentation of the conviction from an authorized law enforcement agency prior to starting work with this institution.

If your answer is yes to any of these questions, list the conviction or pending charge below. Include those that resulted in paying a fine of more than \$250, being put on probation, and/or incarceration (jail time). If you need more space, please provide us with the complete explanation on a separate page.

| Conviction Charges or Pending Charges | Date | City/State of Conviction or Pending Charge |
|---------------------------------------|------|--|
| | | |
| | | |
| | | |

Note: Convictions and the nature of your affiliation with Georgia Tech will be taken into consideration prior to engagement of work.

Note: Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Code Section 26-2402 of the Criminal Code of Georgia.



Georgia Institute of Technology
SECURITY QUESTIONNAIRE

Affidavit of Verification

State of _____ County _____

Personally appeared before the undersigned attesting officer, duly authorized to administer oaths, _____
(Print Name)

who, after being sworn, deposes and says and declares under penalties of false swearing that he or she is the person who executed the foregoing instrument; that he or she has read and completed the same and knows and understands the contents thereof; that the matters stated therein and the answers and information furnished by him or her in the foregoing questionnaire, including any attachments thereto, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME _____
(Signature of Employee, Affiliate or Adjunct)

This _____ day of _____ 20 _____

(Notary Public)

County of _____ My commission expires _____ day of _____ 20 _____
(Affix Seal)

**Board of Regents University System of Georgia
Loyalty Oath**

State of _____ County _____

I, _____, a citizen of _____
(US State/Non-US Country)

will use public facilities on the campus of the Georgia Institute of Technology and I do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

This _____ day of _____, 20 _____
(Signature of Employee, Affiliate or Adjunct)

Sworn to and subscribed before me this day and year above set out.

(Notary Public)

(Affix Seal)

PLEASE NOTE THAT EACH OF THE ABOVE DOCUMENTS, THE SECURITY QUESTIONNAIRE AND THE LOYALTY OATH, MUST BE SIGNED AND NOTARIZED. COS B-11-0801

Visiting Nonemployee/Affiliate Access and Intellectual Property Agreement

This agreement entered into _____, 20____, by and between _____, with an address at
[date] [year] [name]
_____ (“Affiliate”) and Board of Regents of the University System of Georgia, by and
[address]
on behalf of the Georgia Institute of Technology (herein “GIT”) and the Georgia Tech Research
Corporation (“GTRC”)

WHEREAS, Affiliate wishes to participate in research, education and/or training (“Purposes”) at
GIT as GIT is a prestigious educational institution with significant resources;

WHEREAS, GIT wishes to host Affiliate for these Purposes;

WHEREAS, Affiliate is a non-employee who will hold an affiliate status while at GIT;

WHEREAS, GIT wishes to grant Affiliate such reasonable access to its campus and facilities for
these Purposes so long as Affiliate shall ensure compliance with GIT’s policies and practices including but
not limited to its security and use requirements as well as GIT’s need to capture intellectual property rights
furthered, developed, or otherwise created at GIT by Affiliate;

WHEREAS, Georgia Tech is willing to allow limited access for the limited Purposes stated herein
subject to the terms and conditions of this agreement in consideration of Affiliate’s guarantee that he or she
will comply with GIT’s policies, practices, and instructions as well as grant GIT rights to intellectual
property accessed and developed at GIT;

NOW, THEREFORE, in consideration of the value of the access to GIT’s research, education,
training, and resources that the Affiliate acknowledges and agrees as well as other valuable consideration
stated herein, the Affiliate hereby agrees to the following:

Compliance: I will follow the administrative and research policies, standards and practices of GIT when
present on the GIT campus or using GIT facilities or resources.

I will not publish any material related to the Purposes that identifies or uses the name of Georgia Institute of
Technology, the Board of Regents of the University System of Georgia, or its members, clients, students,
faculty or staff, directly or indirectly, unless I have received written permission from GIT, the Board of
Regents of the University System of Georgia, and Georgia Tech Research Corporation.

I will comply with all applicable federal, state and local laws including but not limited to the use, possession,
manufacture or distribution of alcohol and controlled substances, compliance with drug-free workplace, non-
discrimination, sexual harassment and export regulations.

I will ensure that if I access GIT/GTRC information that is commercially valuable and not generally known
in its industry of principal use (herein “Proprietary Information”), I agree to use reasonable care to hold in
confidence and not disclose, transfer, use, copy, or allow access to any such Proprietary Information unless
specifically authorized in writing to do so by the Vice Provost for Research or his/her duly authorized
representative. This section shall survive any termination or expiration of this Agreement

I will complete any training required for personnel who conduct research at GIT including but not limited to lab safety, occupational health safety, research ethics, IACUC, IRB, IBC and/or other training as applicable. Such training shall be satisfactorily completed prior to my participation in such research activities. If applicable, I will continue to participate in my Employer's occupational health program during the period covered by this Agreement.

Term: The term of the Agreement shall begin upon execution and shall terminate on _____, [month]

20____, unless otherwise terminated or extended by GIT's written agreement. I understand and agree that this [year]

agreement may be terminated immediately in the event that I fail to comply with the rules and policies of GIT and/or with any instructions given to me by GIT. The obligations as stated for Proprietary Information, Intellectual Property, and Indemnity and Release shall survive any termination or expiration of this Agreement.

Intellectual Property:

I understand and acknowledge that the Purposes involve the use of GIT facilities or resources or involve faculty, staff or students of GIT and may result in the development of intellectual property ("IP"), including but not limited to patentable inventions, copyrightable material, know-how, and trade secrets. IP shall be governed by this Agreement. I further acknowledge and agree that ownership of intellectual property developed as a result of the Purposes shall reside with GTRC, unless such intellectual property rights are covered by the separate written sponsored research agreement between GTRC and me in such case the terms of that agreement will govern. I agree that any IP shall be promptly disclosed to GTRC. I further agree that if I conceive an invention or develop copyrightable material jointly with GIT faculty, staff or students, I will promptly disclose the invention or copyrightable material to GTRC. I hereby assign to GTRC all right, title and interest in and to such IP and agree to execute and deliver any transfers, assignments, documents or other instruments necessary or appropriate to vest title and ownership of such intellectual property in GTRC including documents that may be necessary for securing intellectual property protection to such IP. I shall retain all right, title, and interest in any pre-existing background intellectual property owned by me that I can document its existence prior to this Agreement upon request.

I understand and agree I am not deemed to be employed by or an agent or a servant of GIT, the Board of Regents or Georgia Tech Research Corporation; that GIT, the Board of Regents and Georgia Tech Research Corporation assumes no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; that I am not entitled to any benefits available to employees; and, therefore, I agree not to in any way to hold myself out as an employee of GIT, the Board of Regents or Georgia Tech Research Corporation. Further, I understand and agree, unless otherwise agreed to in writing, that I will not receive any monetary compensation from GIT, the Board of Regents of the University System of Georgia, or Georgia Tech Research Corporation for any effort I provide to GIT as a part of my activities under this Agreement.

I acknowledge and agree that I can provide any and all IP rights to GTRC as stated in this Agreement and I do not have any conflict or pre-existing obligation to any other person or entity which prevents or otherwise impacts my ability to provide such IP rights to GTRC. To the extent that there may be or is any other relationship, document, contract, agreement, policy, obligation, or other restriction related to the IP ("Pre-existing Ownership"), I hereby expressly state that the rights stated herein control solely and exclusively and takes precedence over any Pre-existing Ownership.

Insurance: I understand and agree to show proof of health insurance, and professional liability insurance in amounts satisfactory to GIT, and covering my activities at GIT, and to provide evidence of such insurance upon request of GIT. I further agree to provide evidence of coverage under my employer's worker's compensation insurance plan and occupational health plan (if applicable).

Indemnity and Release: I agree that my access is granted solely for my benefit and upon my promise to take due care during such access, thus, I hereby release and discharge, indemnify and hold harmless the Board of Regents of the University System of Georgia, Georgia Institute of Technology and Georgia Tech Research Corporation, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my presence at GIT unless caused solely by the Board of Regents of the University System of Georgia, Georgia Institute of Technology and Georgia Tech Research Corporation.

I acknowledge and agree that I am familiar with nature of the activities related to the Purposes and am aware of the hazards and risks which may be associated with my presence for the Purpose stated hereunder, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes; I understand, accept, and assume all such hazards and risks, and waive all claims against the Board of Regents, GIT, GTRC, and other persons as set forth above;

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, or my parent or guardian has signed below; that I am legally competent to execute this Agreement; and that I, or my parent and/or guardian, have read carefully and understand the above Agreement; and that I have freely and voluntarily signed this Agreement.

Agreed to by Affiliate.

By (signature): _____

Printed Name: _____

Parent/Guardian Signature (if applicable): _____

Parent/Guardian Name (please print): _____

This ___ day of _____, 20___

Acknowledged and agreed by Affiliate's employer (if applicable):

After review of the above statements, our entity as Affiliate's employer agree that the terms and conditions as stated herein are true and correct. I hereby certify that I am authorized to bind my entity to the terms of this Agreement; that I am legally competent to execute this Agreement; and that I have freely and voluntarily signed this Agreement.

Entity: _____

Address: _____

Signature: _____

Name (please print): _____

Title: _____