

PERSONAL DATA SHEET

New Hire <input type="checkbox"/> Change <input type="checkbox"/>		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Prefix:	*Last Name:	*First Name:	*Middle Name:

*List legal name as it appears on the social security card.

HOME ADDRESS:

Street Line 1: PERMANENT ADDRESS	Street Line 2:
City, State, Zip:	County:
Home Phone:	Cell Phone:
Personal Email Address:	

LOCAL ADDRESS:

Street Line 1:	Street Line 2:
City, State, Zip:	County:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:	Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident
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Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Please complete both boxes.		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race:	Check all that apply	
	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		

PRIMARY EMERGENCY CONTACT	SECONDARY EMERGENCY CONTACT
Name:	Name: (optional)
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

Home Department:	Date Employed:	Date I-9 Form Completed:	Expiration Date:
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FOR INTERNATIONAL FACULTY, STAFF, STUDENTS:

Visa Type:	Visa Number:	Nation of Issue:
Passport Number:	Nation of Issuer:	Expiration Date:
Status: <input type="checkbox"/> F-1 <input type="checkbox"/> H1-B <input type="checkbox"/> J-1	Expiration Date:	Duration of Stay:
		Alien Registration Number:

*****FULL TIME EMPLOYEES SEE REVERSE*****