



PERSONAL DATA SHEET

SECTION 1 – TO BE FILLED OUT BY THE EMPLOYEE:

New: Change:

NAME:		Last	First	Middle Initial
SOCIAL SECURITY NUMBER		DATE OF BIRTH	GENDER	DATE OF HIRE/ Effective Date
- -		/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	/ /
ADDRESS:				
CITY		STATE	ZIP	COUNTY
PHONE NUMBER/TYPE (check preferred)		E-MAIL ADDRESS/TYPE (check preferred)		
() _____	<input type="checkbox"/> Home	_____		<input type="checkbox"/> Home
() _____	<input type="checkbox"/> Cellular	_____		<input type="checkbox"/> Business
() _____	<input type="checkbox"/> Office	_____		<input type="checkbox"/> Other
Voluntary Information Below: The following requested information below is voluntary but is necessary to assure compliance with analysis and reporting requirements of Federal Equal Opportunity Laws. Your cooperation is appreciated.				
EDUCATIONAL LEVEL		MARITAL STATUS		
<input type="checkbox"/> (01) No Academic Credentials	<input type="checkbox"/> (06) Bachelor's Degree	<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household	
<input type="checkbox"/> (02) High School Diploma/GED	<input type="checkbox"/> (07) Master's Degree	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law	
<input type="checkbox"/> (03) Technical/Trade Certification	<input type="checkbox"/> (08) Professional Degree	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	
<input type="checkbox"/> (04) Some College	<input type="checkbox"/> (09) Other Doctorate	<input type="checkbox"/> Divorced		
<input type="checkbox"/> (05) Associate's Degree	<input type="checkbox"/> (10) PhD	AS OF DATE: _____		
Total Years of Education _____				
MILITARY STATUS		ETHNICITY (Check one)		
<input type="checkbox"/> No Military Service	<input type="checkbox"/> (D) Special Disabled Veteran	<input type="checkbox"/> (C) White <input type="checkbox"/> (S) Spanish Surnamed <input type="checkbox"/>		
<input type="checkbox"/> (A) Active Reserve	<input type="checkbox"/> (S) Special Disabled Vietnam Veteran	(A) American Indian/Alaska Native		
<input type="checkbox"/> (I) Inactive Reserve	<input type="checkbox"/> (VI) Veteran (VA Ineligible)	<input type="checkbox"/> (R) Asian/Pacific Islander		
<input type="checkbox"/> (R) Retired Military	<input type="checkbox"/> (V) Veteran of the Vietnam Era	<input type="checkbox"/> (B) Black American		
CITIZENSHIP INFORMATION		HANDICAP (check if appropriate)		
<input type="checkbox"/> (IM) Immigrant	<input type="checkbox"/> (J1) Exchange Visitor	<input type="checkbox"/> (A) Ambulatory <input type="checkbox"/> (C) Coordination		
<input type="checkbox"/> (FI) Student Visa	<input type="checkbox"/> (J2) Spouse/Child Exchange Visitor	<input type="checkbox"/> (H) Hearing <input type="checkbox"/> (L) Learning		
<input type="checkbox"/> (F2) Spouse/Child Student	<input type="checkbox"/> (VI) Veteran (VA Ineligible)	<input type="checkbox"/> (P) Speech <input type="checkbox"/> (S) Sight		
<input type="checkbox"/> (H1) Temp Worker - Merit	<input type="checkbox"/> (V) Veteran of the Vietnam Era	<input type="checkbox"/> (M) Mental/Psychological		
<input type="checkbox"/> (H2) Temp Worker - Unavailable		<input type="checkbox"/> (O) Other <input type="checkbox"/> (X) Decline		
Country: _____	Visa Expiration Date: _____			
EMERGENCY CONTACT INFORMATION				
NAME	_____			
Street, City, State, Zip	_____			
PHONE NUMBER(S)	_____			
RELATIONSHIP	_____			

SECTION 2 – TO BE FILLED OUT BY HUMAN RESOURCES:

CLASSIFICATION:	_____	
WORKING TITLE: (if different)	_____	
POSITION #	JOB POSTING ID #	EMPLOYEE ID #
_____	_____	_____
DATE OF HIRE	ANNUAL SALARY	HOURLY WAGE
_____	_____	_____

Signature: _____ **Date:** _____