

TO BE COMPLETED BY EMPLOYEE

Name as it appears on Social Security Card:		Prefix:	<input type="checkbox"/> Doctor	<input type="checkbox"/> Miss	<input type="checkbox"/> Mister	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
First _____	Middle _____	Last _____	Suffix _____				
SSN _____ - _____ - _____	Date of Birth _____	Country of Birth _____					
Home Address:				Mailing Address (if different from Home Address):			
Address _____				Address _____			
City _____ State _____ County _____				City _____ State _____ County _____			
Zip _____				Zip _____			
Contact Information:							
Home _____				Cell _____			
Personal E-Mail _____				Other _____			
Highest Education Level:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Less than High School Grad <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School Grad/Equivalent <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Some College <input type="checkbox"/> Master's Level Degree <input type="checkbox"/> Educational Specialist <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Technical School <input type="checkbox"/> Doctorate (Professional) <input type="checkbox"/> 2 Year College Degree <input type="checkbox"/> Post-Doctorate				Marital Status: *Status Date _____			
				<input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed*			
Military Status (voluntary):				Ethnicity (voluntary):			
<input type="checkbox"/> Not a Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Active Reserve <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran				<input type="checkbox"/> American Indian/Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Asian Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino) <input type="checkbox"/> Other <input type="checkbox"/> Not Disclosed			
Disability Status (voluntary):							
<input type="checkbox"/> Disabled <input type="checkbox"/> Not disabled <input type="checkbox"/> Undisclosed							
Citizenship Status:							
<input type="checkbox"/> Citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident <input type="checkbox"/> Non-Resident Alien authorized to work in the United States							
Emergency Contact Information:							
Name _____		Relationship _____		Telephone Number _____			
Name _____		Relationship _____		Telephone Number _____			

I understand that any changes to Personal Data indicated on this form should be reported to Human Resources within 14 days of the change.

Signature

Date

Additional notes/requirements: