

**TO BE COMPLETED BY EMPLOYEE**

<b>Name as it appears on Social Security Card:</b>		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 _____
Preferred Name _____		SSN _____	
Date of Birth _____		Country of Birth _____	
<b>Home Address:</b>		<b>Mailing Address (if different from Home Address):</b>	
Address _____		Address _____	
City _____ State _____ County _____		City _____ State _____ County _____	
Zip _____		Zip _____	
<b>Contact Information:</b>			
Home _____		Cell _____	
Personal E-Mail _____		Other _____	
<b>Highest Education Level:</b>		<b>Gender:</b> <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		<b>Marital Status:</b> *Status Date _____ <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed*	
<b>Military Status (voluntary):</b>		<b>Ethnicity (voluntary):</b>	
<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	
<b>Disability Status (voluntary):</b>			
<input type="checkbox"/> Disabled <input type="checkbox"/> Not disabled <input type="checkbox"/> Undisclosed			
<b>Citizenship Status:</b>			
<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			
<b>Emergency Contact Information:</b>			
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: