

University of ŃÇÖÞÓ°Ô°  
**PERSONAL DATA FORM**

1. EmplID	2. Effective Date
-----------	-------------------

**Name and Biographical Information (Enter name as it appears on Social Security card):**

3. Prefix <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	Middle Name	Last Name	Suffix <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	4. Date of Birth (MM-DD-YYYY)
5. Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male	6. Highest Education Level* <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Grad <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Tech School				
7. Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow or Widower					

**Contact information:**

Home address (Local Address)	8. Street or P. O. Box Number	City	State	Zip Code	County
Mailing address (Only provide if different than above)	9. Street or P. O. Box Number	City	State	Zip Code	County
UM Work Address	10. Room Number and Building Name				
	11. Street or P.O. Box Number (if applicable)	City	State	Zip Code	County
Telephone Numbers	12. Home Telephone Number (Main) (   )		13. UM Work Telephone Number (   )		

**Regional Information**

14a. Are you Hispanic or Latino?*	14b. What is your race? (Select one or more)				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
15. Military Discharge Date					

**UM Specific**

16. Work with or around research/teaching animals or handle animal tissues/fluids. <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Check if you want to restrict release of home address and telephone number <input type="checkbox"/>
--	---

**Emergency Contact Person:**

18. Name (Last, First)	Area Code & Telephone No. (   )
------------------------	------------------------------------

**Citizenship:**

19. Citizenship Status* <input type="checkbox"/> Citizen <input type="checkbox"/> Alien Authorized To Work <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Noncitizen National of the US	20. Visa Information VISA Type _____
---	---

**21. Educational Data (Required For Academic Employees Only):**

Highest Degree Earned	Major	Date Acquired	Institution Name
-----------------------	-------	---------------	------------------