



PERSONAL DATA WORKSHEET

NAME & ADDRESS	Employee ID # (Available after Hire)	Social Security # REQUIRED	Effective Date:	Prefix	Suffix	Original Hire Date:
	Position Number	ISIS Number				
	Name: (Last, First MI) REQUIRED			Country: (USA Defaults)		
	Home Address (Permanent or Home Country Address for Non-Resident Aliens) - REQUIRED Address Line 1					
	Address Line 2: (if needed)			Address Line 3: (if needed)		
City		County (Optional)	State:	Zip Code:		

MAILING ADDRESS	Country	Address Line 1: (Enter local mailing address here if different from Permanent address)				
	Address Line 2: (if needed)			Address Line 2: (if needed)		
	City	County (Optional)	State:	Zip Code:		

PERSONAL DATA	Highest Education Level: Check One					
	<input type="checkbox"/> 2-Yr Coll	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Doctorate	<input type="checkbox"/> HS Grad	<input type="checkbox"/> Less than HS	<input type="checkbox"/> Master's
	<input type="checkbox"/> MD, DDS, JD	<input type="checkbox"/> Post-Doc	<input type="checkbox"/> Some Coll	<input type="checkbox"/> Some Grad	<input type="checkbox"/> Tech Sch	
	<input type="checkbox"/> Full-Time Student	Specific Referral Source:				
	Referral Source:					
	<input type="checkbox"/> Agency	<input type="checkbox"/> Client	<input type="checkbox"/> College	<input type="checkbox"/> Employee	<input type="checkbox"/> Executive	
	<input type="checkbox"/> Executive Search	<input type="checkbox"/> Former Employee	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Job Posting	<input type="checkbox"/> Open House	<input type="checkbox"/> Other Source
	<input type="checkbox"/> Phone	<input type="checkbox"/> Unsolicited	<input type="checkbox"/> Walk-In	<input type="checkbox"/> State Personnel System Referral		
	<input type="checkbox"/> State Personnel System Transfer		<input type="checkbox"/> State Personnel System Re-Employment		<input type="checkbox"/> State Personnel System Reinstatement	
	Home Department #	Campus Box # (REQUIRED)	Home Phone Number:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Phone Numbers:	Campus Phone 1:	Campus Phone 2:	Cellular Phone:			
Emergency Phone:	Fax:	Other Phone:	Pager:			
E-Mail Addresses:	Business:		Campus:			
Home:	Mailing:		Other:			
Marital Status (REQUIRED)						
<input type="checkbox"/> Common Law		<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Separated		
<input type="checkbox"/> Single		<input type="checkbox"/> Widowed	<input type="checkbox"/> Head of			

EIDLIGNT BIRTHDAY	Birthdate: (REQUIRED) MM/DD/YYYY	Language: (Default = English)	Citizenship Status:				
			<input type="checkbox"/> Native	<input type="checkbox"/> Naturalized	<input type="checkbox"/> Permanent Alien	<input type="checkbox"/> Temp Ali	
	Ethnic Group:						
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian Pacific Islander	<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Disabled	
Military Status:							
<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Inactive Reserve	<input type="checkbox"/> Retired Veteran	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Vietnam Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Other Veteran	<input type="checkbox"/> No Military Service

Signature of Employee:	Date:
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