1. EmplID	2. Effective Date

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PERSONAL DATA FORM

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

3. Prefix ☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms.	First Name	Middle Name	Last Name	Suffix ☐ II. ☐ III. ☐ IV. ☐ Jr. ☐ Sr.	4. Date of Birth (MM-DD-YYYY)

5. Gender* ☐ Female ☐ Male	6. Highest Education Level* ☐ Less than High School ☐ Bachelors	☐ High School Grad ☐ Masters	☐ Some College ☐ Doctorate	☐ Associates ☐ Tech School

7. Marital Status ☐ Divorced ☐ Legally Separated ☐ Married ☐ Single ☐ Widow or Widower

Contact information:

	8. Street or P. O. Box Number	City	State	Zip Code	County
Home address (Local Address)					
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?* ☐ Yes ☐ No	14b. What is your race?* (Select one or more) ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White
15. Military Discharge Date	

UM Specific

16. Work with or around research/teaching animals or handle animal tissues/fluids. ☐ Yes ☐ No	17. Check if you want to restrict release of home address and telephone number ☐

Emergency Contact Person:

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

Citizenship:

19. Citizenship Status* ☐ Citizen ☐ Alien Authorized To Work ☐ Lawful Permanent Resident ☐ 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

* Information used for statistical reporting as required