

## Personal Data Form

<b>Name</b>		<b>Hire Date:</b>	<b>Emp. ID:</b> (HR Use Only)
Last name	First name	Middle name	
<b>Prefix:</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		<b>Social Security #:</b>	
<b>Street Address:</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone</b> (area code, numbers only, no dashes)		<b>Cell Phone</b> (area code, numbers only, no dashes)	
<b>Personal Data</b>			
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b> (Month/Day/Year)	<b>Birth State:</b>	<b>Birth Country</b> (if not US citizen):
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married, date:		<input type="checkbox"/> Other:	
<b>Citizenship status:</b> <input type="checkbox"/> Native U.S. <input type="checkbox"/> Naturalized U.S. <input type="checkbox"/> Alien Temp (Alien authorized to work) <input type="checkbox"/> Alien Perm (Permanent resident alien)			
<b>Ethnic Self-Identification - Select One</b> (categories established by federal OMB/Census Bureau guidelines) <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino			
<b>Racial Self-Identification Select all that apply:</b> (categories established by federal OMB/Census Bureau and State of Georgia guidelines) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White			
<b>Military Service:</b> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> No Military Service <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Retired Military			
<b>Are you disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you a disabled Vet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Referral Source:</b> <input type="checkbox"/> Advertisement (Publication _____) <input type="checkbox"/> Executive Search (Firm _____) <input type="checkbox"/> Agency (Agency Name _____) <input type="checkbox"/> Former Employee <input type="checkbox"/> Applicant Clearinghouse <input type="checkbox"/> Internet (Site _____) <input type="checkbox"/> Client Referral <input type="checkbox"/> Job Fair <input type="checkbox"/> College Recruiting <input type="checkbox"/> Job Posting (Location _____) <input type="checkbox"/> Employee Referral <input type="checkbox"/> Open House <input type="checkbox"/> Phone Inquiry <input type="checkbox"/> Other _____			

**Do you have previous employment with the University System of Georgia?** Yes No

If yes, institution:

Date last worked:

**Are you actively participating in Teacher's Retirement System (TRS), Optional Retirement System (ORP) or Employees' Retirement System (ERS)?**

Yes-TRS  Yes-ORP  Yes-ERS  No

If yes, where:

State of:

Are you vested?  Yes  No

**Are you retired under TRS, ORP, or ERS?**

Yes-TRS  Yes-ORP  Yes-ERS  No

If yes, where:

State of:

**Dual Appointment (Joint Staffing):**

Have you previously worked or are you currently working for another University System of Georgia institution? (I.e. UGA, GA Tech, Georgia State, etc.)

Yes  No If yes, please list institution and dates:

## Emergency Contact Information:

**Employee's Name:**

**Primary Contact Name:**

**Relationship:**

**Is this person your primary contact?**

Yes

No

Check here if contact specified has same address and phone number as employee.

**Address** (if different from employee's address):

**City:**

**State:**

**Zip Code**

**Home phone number:**

**Other phone number** (Business, cellular, etc.)

## Additional Contact

**Secondary Contact Name:**

**Relationship:**

**Is this person your primary contact?**

Yes

No

Check here if contact specified has same address and phone number as employee.

**Address:** (if different from employee's address):

**City:**

**State:**

**Zip Code**

**Home phone number** (area code, numbers only, no dashes):

**Other phone number** (Business, cellular, etc.)