

## 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> <table style="width: 100%;"><tr><td><input type="checkbox"/> Advertisement (Publication _____)</td><td><input type="checkbox"/> Executive Search (Firm _____)</td></tr><tr><td><input type="checkbox"/> Agency (Agency Name _____)</td><td><input type="checkbox"/> Former Employee</td></tr><tr><td><input type="checkbox"/> Applicant Clearinghouse</td><td><input type="checkbox"/> Internet (Site _____)</td></tr><tr><td><input type="checkbox"/> Client Referral</td><td><input type="checkbox"/> Job Fair</td></tr><tr><td><input type="checkbox"/> College Recruiting</td><td><input type="checkbox"/> Job Posting (Location _____)</td></tr><tr><td><input type="checkbox"/> Employee Referral</td><td><input type="checkbox"/> Open House</td></tr><tr><td><input type="checkbox"/> Phone Inquiry</td><td><input type="checkbox"/> Other _____</td></tr></table>				<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 _____
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<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):**

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.)