



**PERSONAL DATA WORKSHEET**

NAME & ADDRESS	Banner ID#: <input type="text"/>	Social Security # REQUIRED	Effective Date:	Prefix	Suffix	Original Hire Date:
	<b>Position Number</b>	<b>ISIS Number</b>	<b>ISIS ID Number</b>			
	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"/> MD, DDS, JD		<input type="checkbox"/> Post-Doc		<input type="checkbox"/> Some Coll	
	<input type="checkbox"/> Full-Time Student		Specific Referral Source:			
	<input type="checkbox"/> Executive Search		<input type="checkbox"/> Former Employee		<input type="checkbox"/> Job Fair	
	<input type="checkbox"/> Phone		<input type="checkbox"/> Unsolicited		<input type="checkbox"/> Walk-In	
	<input type="checkbox"/> State Personnel System Transfer		<input type="checkbox"/> State Personnel System Re-Employment		<input type="checkbox"/> State Personnel System Reinstatement	
	Department:		Home:		Cellular Phone:	
	<b>Phone Numbers:</b>		Home:		Cellular Phone:	
	Emergency Contact:		Name:		Telephone Number:	
<b>E-Mail Addresses:</b>		Business:		Campus:		
Home:		Mailing:		Other:		
<b>Marital Status (REQUIRED)</b>						
<input type="checkbox"/> Common Law		<input type="checkbox"/> Divorced		<input type="checkbox"/> Married		
<input type="checkbox"/> Single		<input type="checkbox"/> Widowed		<input type="checkbox"/> Head of		

E I L D I E G N I T B I T L Y I T Y	<b>Birthdate: (REQUIRED) MM/DD/YYYY</b>	<b>Language: (Default = English)</b>	<b>Citizenship Status:</b>			
	<input type="checkbox"/> Native		<input type="checkbox"/> Naturalized		<input type="checkbox"/> Permanent Alien	
	<input type="checkbox"/> Temp Ali					
<b>Ethnic Group:</b>						
<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		
<b>Military Status:</b>						
<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				

<b>Signature of Employee:</b>	<b>Date:</b>
-------------------------------	--------------