

Department of Medicine
PERSONAL INFORMATION FORM
 (For Officers of Administration & Support Staff Positions)

PART I – TO BE COMPLETED BY CANDIDATE

Full Name: _____ Gender: Female Male

Social Security Number: _____ Date of Birth: MM/DD/YYYY

Marital Status: Single Married Divorced Legally Separated Widowed Marital Status Date: MM/DD/YYYY

Ethnicity: Asian-B Black-A East Indian-J Hispanic-D
Native American-C White-E Other-K: _____

USA Citizen? Yes No If No, Country of Citizenship: _____

Permanent Resident? Yes No If Yes, A#: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____ Other Phone: _____

Email: _____ Fax: _____

Emergency Contact Name: _____

Relation: _____ Contact Phone: _____

EDUCATION

Type of School	Name and Address of School	Major	Dates Attended		Graduated?		Degree
			From	To	Yes	No	
High School							
College							
Graduate, Business, Trade or Professional							
Other							

PART II – TO BE COMPLETED BY DIVISION ADMINISTRATION

Proposed Hire Date: MM/DD/YYYY Status: FT PT – hrs/wk _____ Salary: \$ _____

Position Title: _____

Work Location: _____

Phone Ext: _____ Fax: _____

Supervisor Name & Title: _____ Phone Ext. _____

Part III – FOR DEPARTMENT USE ONLY

Division: _____ Cycle Salary: \$ _____

Visa Type _____ Employment Authorization Exp Date: MM/DD/YYYY

Title Code: _____ Grade Code: _____ Seniority Date: MM/DD/YYYY