



EmplID _____ Rcd _____
Only if you previously worked for UMass.

Personal Data Sheet

General Employee Information

Name: _____ Date of Birth: _____
First Middle Last Suffix Month Day Year

Gender: Female Male

Are you drawing a pension from a Massachusetts town, county or agency? Yes No
 If yes, please note that you are responsible for ensuring that you do not exceed your hourly or earnings limitations under M.G.L.

Highest Level of Education Completed:

- Less than High School Grad
- High School Grad/Equivalent
- Technical School
- Some College (undergrad)
- Associate's Degree (2 Yr. College)
- Bachelor's Degree
- Some Graduate School
- Master's Degree
- Ph.D.
- Post Doctorate
- Professional Degree (e.g. MD, JD, DDS)

List the schools you have attended beyond high school. Include business, technical, military, professional, college & university.

School Name	Major	Degree or Certificate	Year Awarded

Personal Information

Marital Status: Married Single Social Security Number _____

Home Address:

Number Street

City State Postal Code Country (if not U.S.A.)

Mailing Address:
 (if different)

Number Street

City State Postal Code Country (if not U.S.A.)

Home Telephone: _____

Voluntary disclosure/self identification of race/ethnicity:

- Ethnicity:**
- American Indian or Alaskan Native
 - Hispanic
 - Cape Verdean
 - Black
 - Asian or Pacific Islander
 - White
 - N/A

Voluntary disclosure/self identification of Military Status: Please answer *both* questions:

- 1) If you are a veteran and were discharged from active service within the last three (3) years, please provide your date of discharge: _____
- 2) Check *all* that apply:
 - Disabled Veteran
 - Armed Forces Service Medal Veteran
 - Other Protected Veteran
 - Vietnam Era Veteran



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Citizenship Status:

U.S. Native Naturalized Resident Alien Perm. Resident Card Holder Non-Resident Alien

If you are a Resident Alien or non-Resident Alien you *must* complete a University of Massachusetts Tax Information Sheet (available in Human Resources).

Emergency Contact(s) – who should be notified in case of emergency?

Primary Emergency Contact _____

Secondary Emergency Contact (optional) _____

Name (first name - last name)

Name (first name - last name)

Relationship to employee

Relationship to employee

Same address as employee

Same address as employee

Address

Address

City, State, Postal Code

City, State, Postal Code

Same telephone # as employee

Same telephone # as employee

Telephone number

Telephone number

Disability: defined, for these purposes, as a person who: 1) has a physical or mental impairment which substantially limits one or more of such person's major life activities. 2) has a record of such impairment, or 3) is regarded as having such impairment affects employability. Yes No

Privacy & Confidentiality of your personal information: Under the University's Fair Information Practices Regulations (Doc. T77-059), you may request that certain personal data, regarded as "Directory Information," not be disseminated to anyone other than University personnel or where required by statute, court order, or legitimate University purpose.

Do you want to place restrictions on the dissemination of your personal data?

Yes No

If yes, please check each personal data item you would like to **restrict**.

- Home Address
- Home Phone Number
- Marital Status
- Date of Birth

Social security number, citizenship, and education are either: a) automatically restricted unless dissemination is required by statute/regulation/legitimate University purpose, or b) not maintained on the employee data base.

Employee Signature

Date Signed