



University of Massachusetts
Amherst

Personnel Data Sheet

I am a new employee at UMass

I am currently employed by UMass and would like to make a change to the personal data currently on file forme.

Employee Name _____
Last First MI

Home Address _____
Number Street

City State Zip

Country USA Other _____

Home Telephone Number () _____

Mailing Address: Same as Home Address.

If mailing address is different from home address, fill in below.

Number Street

City State Zip
Country USA Other _____

Marital Status:

Single Married

Gender:

Female Male

U.S. Social Security #:

_____/_____/_____

Date of Birth:

_____/_____/_____
Month Day Year

Citizenship Status: [maintain payroll/use/emptax data]

U.S. Native Alien Perm (green card holder)
 Naturalized Alien Temp (non-resident alien)

Citizenship Country _____

Ethnic Group:

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

Disability: Yes No

Definition – 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.

Military Status:

(Check One)
 No Military Service Vietnam Era Veteran

(Check if Applicable)
 Special Disabled Veteran
 Veteran Other Than Vietnam

(Check if Applicable)
 Active Reserve
 Inactive Reserve
 Retired Military

Visa Type (if applicable)	Visa Expiration Date
_____/_____/_____	
<input type="checkbox"/> AR1 Alien Registration	<input type="checkbox"/> H2 Temp Worker, service unavailable in U.S.*
<input type="checkbox"/> F1 Student 'F' Visa	<input type="checkbox"/> J1 Exchange Visitor*
<input type="checkbox"/> F2 Student Dependent*	<input type="checkbox"/> J2 Dep/Exch/Visitor
<input type="checkbox"/> H1 Temp Worker	
*F2, H2 and J2 visa holders must attach a copy of their employment authorization to this Personal Data Questionnaire.	

Emergency Contact(s) – Local person(s) to be notified in case of emergency. (AW/Use/EmContact)

Primary Contact Person:

Name _____
 First Name Last Name

Relationship to Employee _____

Same Address/Home Phone as Employee

Address _____

Telephone # _____

Additional Contact Person: (optional)

Name _____
 First Name Last Name

Relationship to Employee _____

Same Address/Home Phone as Employee

Address _____

Telephone # _____

Education Data

1. Check the highest education level you have completed.

- | | | |
|--|---|---|
| <input type="checkbox"/> Less than High School Grad | <input type="checkbox"/> Some College (undergrad) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High School Grad/Equivalent | <input type="checkbox"/> Associate's Degree (2 Yr. College) | <input type="checkbox"/> Ph.D. |
| <input type="checkbox"/> Tech School | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Post Doctorate |
| | <input type="checkbox"/> Some Graduate School | <input type="checkbox"/> Professional Degree (e.g. MD, JD, DDS) |

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

School Name	Major	Degree or Certificate	Year Awarded

Employee Signature _____

Date Signed _____