EMORY COLLEGE OF ARTS AND SCIENCES

Personal Information Form

Name (Last, First, Middle)	**Department of Hire**

Social Security Number (### - ## - ####)	**Date of Birth** (MM/DD/YYYY)

Citizenship Status (US [Native], Permanent Resident [Alien Permanent], Temporary Alien)

Address #1 (Street)	**Address #2** (Apartment/Building)

City	**State**	**Zip Code**	**E-Mail Address**

Home Phone # (10 digits)	**Cellular Phone** # (10 Digits)	**Other Phone** # (10 Digits)

Gender	**Marital Status** (Single, Married, Divorced, Widowed, Other)

Highest Education Level	**Name of Degree-Granting Institution**

Ethnic Group (American Indian, Alaska Native, Asian, Black/African American, Hispanic/Latino, Two or More Races, Native Hawaiian/Other Pacific Islander, White)

Military Status (Not Applicable, No Military Service, Vietnam Era Veteran, Other Veteran, National Guard, Active Reserve, Inactive Reserve, Inactive Reserve Subject to Callup, Retired)

Disabled Vet		**Disabled**	
Yes	No	Yes	No

Emergency Contact Name	**Relationship**	**Phone** # (10 Digits)

Employee Signature	**Date** (MM/DD/YYYY)