



Personal Data Questionnaire

PLEASE PRINT

1

Name _____ (Last) _____ (First) _____ (MI)

Address _____ (Line 1) _____ (Line 2)
 _____ (City) _____ (State) _____ (Zip)

Mailing Address _____ (Line 1) _____ (Line 2)
 (check if same) _____ (City) _____ (State) _____ (Zip)

Home Phone () _____ Other Phone () _____

2

Marital Status: Single Married
 Gender: Male Female

Social Security # _____ / _____ / _____

Birth Date: _____ / _____ / _____
 (Month) (Day) (Year)

Citizenship Status: U.S. (Native) Naturalized Alien Perm Alien Temp
 Citizenship Country ▼ _____

Visa Type (if applicable): AR1 Alien Registration F1 Student 'F' Visa F2 Student Dependent H1 Temp worker
 H2 Temp worker, service unavailable in U.S. J1 Exchange Visitor J2 Dep/Exch/Visitor Other ▶ _____

Exp. Date: _____ / _____ / _____
 (Month) (Day) (Year)

PLEASE NOTE: You are requested to check the appropriate box. Permission to request this information was granted to the University of Massachusetts Commission Against Discrimination on February 25, 1972. This "Ethnic Code" and "Disability Indicator" information will remain confidential.

Ethnic Group: American Indian Asian Black Cape Verdean Hispanic White

Military Status (if applicable): Active Reserve Inactive Reserve No Military Service Other Vet Retired Vietnam Vet

Disability: Disabled Disabled Veteran

Disability Indicators (See Definition Sheet): Ambulatory Coordination Hearing Learning Mental/ Psychological Metabolic Sight Speech

3

Check the highest education level completed as it applies to the position.

Elementary/Junior High High School/Equivalent Tech School Business School Certification

Associate's Degree/2 Yr. College Some College Bachelor's Degree Some Graduate

Master's Degree Ph.D. Professional Degree (e.g. M.D., J.D., D.D.S.) ▼ _____
 Post Doctorate ▶ _____

b

School Name	Major	Degree or Certificate	Year Awarded

4

Prior Work Experience

Start Date _____ / _____ / _____ End Date _____ / _____ / _____
(Month) (Day) (Year) (Month) (Day) (Year)

Commonwealth of Massachusetts

Employer _____ Job Title _____

Start Date _____ / _____ / _____ End Date _____ / _____ / _____
(Month) (Day) (Year) (Month) (Day) (Year)

Commonwealth of Massachusetts

Employer _____ Job Title _____

If your employment/ education records are under any other names please specify below. ▼

5

Person to be Notified in Case of Emergency

Contact Name _____ Relation _____ Primary Contact
(Last) (First) (MI)

Address _____ Phone () _____
(Street) (City) (State)

Contact Name _____ Relation _____
(Last) (First) (MI)

Address _____ Phone () _____
(Street) (City) (State)

Signature ▶ _____

Date ▶ _____