

## **Personal Data Sheet**

mployee ID		
(Only if you pr	eviously worked	for UMass)

Learning with Purpose						
Section 1: Biographical	Information					
	efix you would like	First used in UML email address a	Middle nd directory displ	ay if differer	Last nt from legal name specified above	Suffix a):
First		Last	-			
Date of Birth :			Gender:	Female	Male	
Marital Status: Ma	arried	Single	Social Sec	curity Numb	er:	
Section 2: Education						
Highest Level of Education Completed (Select One):  Less than High School Grad Some College (Undergrad) Some Graduate School High School Grad/Equivalent Associate's Degree (2 Yr. College) Master's Degree Technical School Bachelor's Degree Ph.D. Professional Degree (e.g. MD, JD, DDS)  List the schools you have attended beyond high school. Include business, technical, military, professional, college, & university.  Please begin by listing your highest level of education.						
School Name		Major		Degree or Certificate	Year Awarded	
					1	
Section 3: Contact Infor	mation					
Home Address:	Street Addre	ss				
	City	State	Z	ip Code	Country (if not U.S.A.)	
Mailing Address: (if different)	Street Addre	ss or P.O. Box State	7	ip Code	Country (if not U.S.A.)	
Hama Phono:		Mobile Phone:				
Home Phone: Mobile Phone:			Personal Er	maii:		

• • !					
		sure Information			
Voluntary disclos identification of race/ethnicity: Please answer both		2) Please select one or Asian	rself Hispanic or Latino? Yes more of the following racial catego Black or African America or Alaskan Native		slander
This employer is	a Governn	nent contractor subject t	to the Vietnam Era Veterans' Readj	ustment Assistance Act of 1974, as amended	by the Jobs for
employment: (1) medal veterans.	) disabled v These clas		parated veterans; (3) active duty was follows:	ors to take affirmative action to employ and a artime or campaign badge veterans; and (4) A	
•	retired p	ay would be entitled to	compensation) under laws adminis	titled to compensation (or who but for the re tered by the Secretary of Veterans Affairs; or	
	ntly separa	_		of a service-connected disability. od beginning on the date of such veteran's di	ischarge or release
service		ar, or in a campaign or e		erved on active duty in the U.S. military, grou dge has been authorized under the laws adm	
• An "Arn	ned Forces	service medal veteran"		g on active duty in the U.S. military, ground, r service medal was awarded pursuant to Exec	
were absent from	m employn uld have ol	nent in order to perform otained with reasonable	service in the uniformed service, y	s Employment and Reemployment Rights Act ou may be entitled to be reemployed by you e to service. For more information, call the U. OL.	r employer in the
number of our e	mployees	belonging to each specifi		the United States Department of Labor each	
Voluntary disclosure/self-		I belong to the form	llowing classifications of protected	veterans (choose all that apply):	
identification fo	r	Disable	d Veteran		
Veterans:		Recentl	y Separated Veteran		
		Active [	Outy Wartime or Campaign Badge \	/eteran	
		Armed	Forces Service Medal Veteran		
				entify the classifications to which I belong.	
				d veteran classifications outlined above.	
		I am NOT a vetera	·	a veceran diassinadions outlined above.	
		Military Discharge Date			
Section 5: Emerg	gency Cont	act(s)			
Primary					
Contact	Name:	First			
	Check	if Same Address as Employ			
		Street Address			
		City	State	Zip Code	

	Relationship To Employee:	Home Phone:	Mobile Phone:			
Secondary Emergency Contact (Optional)	Name: Last					
	Check if Same Address as Employee or Provide Below					
	Street Address					
	City	State	Zip Code			
	Relationship To Employee:	Home Phone:	Mobile Phone:			
Section 6: Empl	oyee Signature					
·						
Employee Signa	ture	Date Signe	ed			

Please note that the name on this form will be the name of record for all legal documents issued by this office.

Rev. 12/2019 Employment Services