

Personal Data Form

Biographical Details:

Prefix:

Last Name:

First Name:

Middle Name:

Date of Birth: _____

Gender: Female (F) NonConf Unspecif
 Male (M) Transgdr
 Non Binry (X) NtListed

Marital Status:

Single Married
 Divorced Widowed
 Legally Separated

SSN: _____

CUNYFirst Empl ID(*if applicable*): _____

Contact Information:

Address:

Home Number:

Work Phone Number:

City/State/Zip Code:

Cell Phone Number:

Email:

Highest Educational Level

Less than HS Graduate
 HS Graduate or Equivalent
 Technical School
 2-Year College Degree
 Bachelor's Level Degree
 Master's Level Degree
 Doctorate (Academic)
 Doctorate (Professional)
 Post-Doctorate
 Other _____

*Ethnic Group

Are you Hispanic or Latino?

Yes No

What is your Race or Ethnicity? Select any that apply.

American Indian or Alaska Native
 Asian
 Black or African American
 Italian American
 Native Hawaiian or Other Pacific Islander
 Puerto Rican
 White

What is your ancestry or Ethnicity?

Military Status

No Military Status
 Disabled Veterans
 Recently Separated Veteran
 Active Duty Wartime/
 Campaign Badge Veteran
 Armed Forces Service Medal
 Veteran
 Protected Veteran- Chose not to
 self-identify the classification
 Not a protected veteran
 I am NOT a veteran

Citizenship Status:

Are you a U.S Citizen: Yes No Resident Alien Non- Resident Alien

If No: Country of Origin: _____

Do you have clearance to work in the U.S? Yes No Type of Visa: _____

Emergency Contacts Information:

Name/ Relationship:

Address:

City/ State/ Zip Code:

Home Number:

Cell Number:

Name/ Relationship:

Address:

City/ State/ Zip Code:

Home Number:

Cell Number:

I hereby certify that the information provided is accurate:

Signature: _____

Date: _____