

Departmental/divisional personnel staff processing personnel actions may complete this form and keep it in the departmental personnel file for the employee.

Effective Date \_\_\_\_\_ Employee ID \_\_\_\_\_

**NAME HISTORY**

Prefix \_\_\_\_\_

First, Middle, Last Name \_\_\_\_\_

Suffix \_\_\_\_\_

**ADDRESS HISTORY**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**PERSONAL HISTORY**

Gender \_\_\_\_\_

Highest Education \_\_\_\_\_ Military Status \_\_\_\_\_

I9 Code \_\_\_\_\_ I9 Date \_\_\_\_\_

Disability Status ☐ Disabled  
☐ Disabled Veteran

**IDENTITY**

Date of Birth \_\_\_\_\_ Birth Country \_\_\_\_\_

Ethnic Origin \_\_\_\_\_ Race \_\_\_\_\_

**CITIZENSHIP / VISA DATA**

Citizenship Status ☐ Native Country \_\_\_\_\_

Type \_\_\_\_\_ ☐ Naturalized

Employment Eligibility Expiration Date \_\_\_\_\_