

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 / DIVERSITY

Date of Birth _____ Birth Country _____

Ethnic Origin _____ Race _____

CITIZENSHIP / VISA DATA

Citizenship Status Native Country _____

Type Naturalized Employment Eligibility Expiration Date _____