

FOR CHANGE OF ADDRESS ONLY ~ COMPLETE ONLY THE LINES WITH AN ASTERICK.

Effective Date of Change: _____



STUDENT EMPLOYEE PERSONAL DATA FORM
PLEASE PRINT OR TYPE CLEARLY

*LAST NAME _____ FIRST NAME _____ MI _____ PREFIX _____
Mrs. Mr. Dr. Etc.

*STUDENT ID NUMBER _____ SOCIAL SECURITY NUMBER _____

*HOME ADDRESS _____

*CITY _____ STATE _____ ZIP CODE _____ - _____ COUNTY _____

*MAILING ADDRESS _____
IF DIFFERENT FROM ABOVE

*HOME PHONE _____ DORM PHONE _____ OTHER _____

Do you currently or have you previously worked for the Commonwealth of Massachusetts? (circle one) Yes No
If yes, Have you held these positions under any other name? Yes NO
Indicate Name

HIGHEST EDUCATION LEVEL (Specify Degree Name)

High School/GED () Associate Degree () _____ Bachelor's Degree () _____ Master's Degree () _____
Doctorate () _____

EMAIL ADDRESS _____

GENDER: (Please Check One) MALE _____ FEMALE _____

MARITAL STATUS: (Please Check One) SINGLE _____ MARRIED _____ DIVORCED _____ WIDOW _____ SEPARATED _____

BIRTHDATE: _____

CITIZENSHIP STATUS (Please Check One)

NATIVE () NATURALIZED () ALIEN TEMPORARY () ALIEN PERMANENT () OTHER:
A# _____ A# _____

ETHNIC GROUP (Please Check One)

WHITE () BLACK () HISPANIC () ASIAN/PACIFIC ISLANDER () AMERICAN INDIAN () UNKOWN ()

EMERGENCY CONTACT:

NAME ADDRESS PHONE RELATIONSHIP

*SIGNATURE: _____ DATE: _____

*****OFFICE USE ONLY BELOW THIS LINE*****

EMPLOYEE ID # _____ HR/CMS INITIAL _____ DATE _____ SSC INITIAL _____ DATE _____