



Office of Human Resources
 883 Broadway Street Room 200
 Lowell, MA 01854-5103
 Tel 978.934.3560 Fax 978.934.3036

PERSONAL DATA QUESTIONNAIRE/CHANGE FORM rev 070505

New Employee Yes or No *If No* Current Name _____

PS Employee Id _____

***NAME as it will appear on Human Resources/Payroll Records:**

Last	First	Middle

Street Address	City	State	Postal

Gender	Social Security Number	Birth Date	Phone Numbers
Male <input type="checkbox"/>			Home:
Female <input type="checkbox"/>			Cell:
			Work:

Marital Status	Emergency Contact Name and Address	Emergency Contact's Phone #
Married <input type="checkbox"/>		
Single <input type="checkbox"/>		Relationship to Employee

OPTIONAL Ethnic Code	Highest Education Level Completed	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Less than High School	<input type="checkbox"/> Some Graduate
<input type="checkbox"/> Asian	<input type="checkbox"/> High School Grad	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Tech School Grad	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Some College	<input type="checkbox"/> MD, DDS, JD
<input type="checkbox"/> Native Hawaiian/Other Pacific Island	<input type="checkbox"/> 2 Year College	<input type="checkbox"/> Post Doctorate
<input type="checkbox"/> White	<input type="checkbox"/> Bachelor's Degree	

School Name- Highest Degree Only	Major	Degree	Year Awarded

OTHER CHANGES

***Please note the name on this form will be the name of record for all legal documents issued by this office- including but not limited to documents and information provided to: Social Security Admin, Federal and State Tax Agencies, and Mass State Board of Retirement.**

Employee Signature _____

Date _____