

## Personnel Data Sheet

| Section 1: Biographical Information  |       |        |   |        |
|--|-------|--------|---|--------|
| Name: _____  |       |        |   |        |
| Prefix   | First | Middle | Last  | Suffix |
| Date of Birth :  |       |        | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |        |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single |       |        | Social Security Number:   |        |

| Section 2: Education  |   |   |              |
|---|---|---|--------------|
| <b>Highest Level of Education Completed (Select One):</b>   |   |   |              |
| <input type="checkbox"/> Less than High School Grad   | <input type="checkbox"/> Some College (undergrad)           | <input type="checkbox"/> Some Graduate School |              |
| <input type="checkbox"/> High School Grad/Equivalent  | <input type="checkbox"/> Associate's Degree (2 Yr. College) | <input type="checkbox"/> Master's Degree      |              |
| <input type="checkbox"/> Technical School   | <input type="checkbox"/> Bachelor's Degree                  | <input type="checkbox"/> Ph.D.                |              |
| <input type="checkbox"/> Professional Degree (e.g. MD, JD, DDS)   |   |   |              |
| List the schools you have attended <b>beyond high school</b> . Include business, technical, military, professional, college, & university.<br>Please begin by listing your <i>highest</i> level of education. |   |   |              |
| School Name   | Major   | Degree or Certificate                         | Year Awarded |
|   |   |   |              |
|   |   |   |              |
|   |   |   |              |
|   |   |   |              |

| Section 3: Contact Information     |               |                                  |  |
|------------------------------------|---------------|----------------------------------|--|
| Home Address:                      |               | Street Address _____             |  |
|                                    |               | City _____                       | State _____ Zip Code _____ Country (if not U.S.A.) _____ |
| Mailing Address:<br>(if different) |               | Street Address or P.O. Box _____ |  |
|                                    |               | City _____                       | State _____ Zip Code _____ Country (if not U.S.A.) _____ |
| Home Phone:                        | Mobile Phone: | Personal Email:                  |  |

| Section 4: Voluntary Disclosure Information   |   |
|---|---|
| <b>Voluntary disclosure/self-identification of race/ethnicity:</b><br><i>Please answer both questions:</i>                | 1) Do you consider yourself Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>2) Please select one or more of the following racial categories to describe yourself:<br><input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White                                  |
|   | <input type="checkbox"/> I identify as one or more of the categories of Protected Veterans<br><input type="checkbox"/> I am not a Protected Veteran<br><input type="checkbox"/> I choose not to disclose<br><i>The University of Massachusetts Lowell is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, <a href="#">38 U.S.C. 4212</a> (VEVRAA). This requires that we take affirmative action to</i> |
| <b>Voluntary disclosure/self-identification for Veterans:</b><br><a href="#">Click for Protected Veteran definitions.</a> |   |

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

| Section 5: Emergency Contact(s)               |  |             |               |
|---|--|-------------|---------------|
| <b>Primary Contact</b>                        | Name: _____<br><span style="display: block; text-align: center; font-size: small;">First Last</span> |             |               |
|   | <input type="checkbox"/> Check if Same Address As Employee or Provide Below                          |             |               |
|   | Street Address _____   |             |               |
|   | City _____ State _____ Zip Code _____  |             |               |
| Relationship To Employee:                     |  | Home Phone: | Mobile Phone: |
| <b>Secondary Emergency Contact (Optional)</b> | Name: _____<br><span style="display: block; text-align: center; font-size: small;">First Last</span> |             |               |
|   | <input type="checkbox"/> Check if Same Address As Employee or Provide Below                          |             |               |
|   | Street Address _____   |             |               |
|   | City _____ State _____ Zip Code _____  |             |               |
| Relationship To Employee:                     |  | Home Phone: | Mobile Phone: |

| Section 6: Privacy & Confidentiality of your personal information  |
|--|
| Under the University's Fair Information Practices Regulations (Doc. T77-059), you may request that certain personal data, regarded as "Directory Information," <i>not</i> be disseminated to anyone other than University personnel or where required by statute, court order, or legitimate University purpose.                         |
| Do you want to place <b>restrictions</b> on the dissemination of your personal data? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, please check each personal data item you would like to <b>restrict</b> :<br><input type="checkbox"/> Home Address <input type="checkbox"/> Home Phone Number <input type="checkbox"/> Mobile Phone Number <input type="checkbox"/> Marital Status <input type="checkbox"/> Date of Birth <input type="checkbox"/> Personal Email |
| Social security number, citizenship, and education are either: a) automatically restricted unless dissemination is required by statute/regulation/legitimate University purpose, or b) not maintained on the employee data base.   |

| Section 7: Employee Signature  |
|--|
| <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> <span>Employee Signature _____</span> <span>Date Signed _____</span> </div> |

*Please note that the name on this form will be the name of record for all legal documents issued by this office.*