

PERSONAL DATA FORM

SECTION I – Employee Information

| | | | |
|-----------------------------------|---------------|---------------|--------------------------------|
| Employee Last Name: | First Name: | Middle: | Social Security Number or EID: |
| Home Department Name: | | UW Box: | |
| Work Phone 1: | Work Phone 2: | Work Country: | |
| Local Address: | | | Apt. #: |
| City: | County: | State: | ZIP: |
| Permanent Address (if different): | | | Apt. #: |
| City: | County: | State: | ZIP: |
| Home Phone: | | | |

SECTION II – Emergency Contact Information

| | | |
|-------------------------|------------|----------------|
| Emergency Contact Name: | Day Phone: | Evening Phone: |
|-------------------------|------------|----------------|

SECTION III – Citizenship Information (Complete if other than United States)

| | |
|--|---|
| Country of Citizenship: | |
| Immigrant Status (check one): <input type="checkbox"/> F1 – Student <input type="checkbox"/> J1 – Exchange Visitor <input type="checkbox"/> H1 – Working Visa <input type="checkbox"/> IM – Immigrant <input type="checkbox"/> Other (specify) _____ | Date Entered USA (attach photocopy of visa): _____ / _____ month year |
| Are you a regularly enrolled student at the University of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Visa Expires _____ / _____ month year |

SECTION IV – Education Information

| | | | |
|--|--|--|---|
| Education Level (check one): | | | |
| <input type="checkbox"/> 01 No Academic Credit | <input type="checkbox"/> 04 High Sch. Diploma/Eqv. | <input type="checkbox"/> 07 Assoc. of Arts | <input type="checkbox"/> 10 Professional Degree (e.g., M.D., D.D.S., J.D.) |
| <input type="checkbox"/> 02 Grade School | <input type="checkbox"/> 05 Trade Sch. Certificate | <input type="checkbox"/> 08 B.A./B.S. | <input type="checkbox"/> 11 Ph.D. |
| <input type="checkbox"/> 03 Some High School | <input type="checkbox"/> 06 Some College | <input type="checkbox"/> 09 M.A./M.S. | <input type="checkbox"/> 12 Other Degree (e.g. Dr. of Education, Dr. of Science) |

| | |
|--------------------|-------|
| Employee Signature | Date |
| _____ | _____ |