

# University of Missouri PERSONAL DATA FORM

1. EmplID	2. Effective Date
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**Name and Biographical Information (Enter name as it appears on Social Security card)**

3. Prefix <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	Middle Name	Last Name	Suffix <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/> IV. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	4. Date of Birth (MM-DD-YYYY)
5. Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male	6. Highest Education Level* <input type="checkbox"/> Associate <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Grad <input type="checkbox"/> Some College <input type="checkbox"/> Tech School <input type="checkbox"/> Bachelors <input type="checkbox"/> Some Grad School <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Doctorate (Professional)				
7. Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow or Widower					8. Social Security Number

**Contact Information:**

Home address (Local Address)	9. Street or P.O. Box Number	City	State	Zip Code	County
Mailing Address (Only provide if different than above)	10. Street or P.O. Box Number	City	State	Zip Code	County
UM Work Address	11. Room Number and Building Name				
	12. Street or P.O. Box Number (If Applicable)	City	State	Zip Code	County
Telephone Numbers	13. Home Telephone Number (Main) (    )		14. UM Work Telephone Number (    )		

**Regional Information:**

15. Ethnic Group* <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White					
16. Protected Veteran Status* (Check all that apply) <input type="checkbox"/> Other Protected Veterans <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran					17. Military Discharge Date

**UM Specific:**

18. Work with or around research/teaching animals or handle animal tissues/fluids. <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Check if you want to restrict release of home address and telephone number. <input type="checkbox"/>
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**Emergency Contact Person:**

20. Name (Last, First)	Area Code & Telephone No. (    )
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**Citizenship:**

21. Citizenship Status* <input type="checkbox"/> Alien Permanent <input type="checkbox"/> Alien Temporary <input type="checkbox"/> Native U. S. <input type="checkbox"/> Naturalized U. S.	22. Visa Information VISA Type _____
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**23. Educational Data (Required For Academic Employees Only):**

Highest Degree Earned	Terminal Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Acquired	Major
Institution Name	City	Country	State