



# Housing & Dining Services

Human Resources

Center for Community  
Suite S342  
159 UCB  
Boulder, CO 80309

## Personal Data Form (PDF)

Employee ID (if known):

### Biographical Details

*Name must be entered EXACTLY as printed on Social Security Card.*

<b>First Name:</b>	<b>Middle Name/Initial:</b>	<b>Last Name:</b>	<b>Suffix:</b>	<b>Date of Birth:</b>
<b>Social Security Number (National ID):</b>			<b>Gender:</b>	Female      Male

### Contact Information

<b>HOME ADDRESS</b> <i>(Permanent or Foreign Address for Non-Resident International Employees)</i>	<b>Country:</b>	U.S.A. Other:
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**Address 1:**

**Address 2:**

<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>

<b>MAILING ADDRESS</b> <i>(Checks, pay advices and W-2 forms will be mailed to this address.)</i>	Same as Home Address	<b>Country:</b>	U.S.A. Other:
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*For Non-Resident International Employees, mailing address MUST be a local street address (not P.O. Box or foreign address).*

**Address 1:**

**Address 2:**

<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>

### EMERGENCY CONTACT

**Name:**

**Address Line1:**

<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>

### Relationship to Employee and Contact Number(s):

<b>Relationship</b>	<b>Home Phone</b>	<b>Cellular Phone</b>	<b>Additional Phone</b>

### Telephone Numbers:

<b>Home</b>	<b>Campus 1 (for directory)</b>	<b>Additional Phone</b>	<b>Additional Phone Type</b>
			Cellular      Pager      Fax      Other

### E-Mail Addresses:

<b>Campus (for directory)</b>	<b>Additional E-Mail</b>	<b>Additional E-Mail Type:</b>
		Business      I bjj Yfgjlm      Home      Other

<b>Ethnic Group: (Selection Required)</b> Check boxes in column for all that apply.	<b>Military Status: (Voluntary Disclosure -- choose "Not Indicated" if unknown*)</b> *Copy of DD214 to be sent to the campus HR office if veteran status is being selected.
<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Chose Not to Disclose <input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Not Indicated <input type="checkbox"/> No Military Service <input type="checkbox"/> Active Reserve <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Disabled Vet <input type="checkbox"/> Disabled Vietnam Era Vet <input type="checkbox"/> Vietnam Era Vet <input type="checkbox"/> Retired Military

Signature:

Date: