

STATEMENT OF PERSONAL DATA

Any information supplied will be kept confidential. Your cooperation is appreciated.

FULL NAME _____

SSN ____ / ____ / ____

Date of Birth ____ / ____ / ____

Sex M F

Citizen of _____

VISA Status _____

Home Address _____

Home City/State/Zip _____

Home Country _____

Home Phone _____

Office Address _____

Office City/State/Zip _____

Office Country _____

Office Phone _____

Electronic Mail _____

Marital Status Single Married Divorced Widowed

Spouse/Partner's Name _____

Ethnicity (Optional) – Please mark all that apply

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White / Caucasian
- Other

Veterans Status (Optional) Vietnam Era Veteran Disabled Veteran

continued on back

Educational Background

Degree(s) Held	Date Awarded	School / Institution

Phi Beta Kappa

Alpha Omega Alpha

Academic Positions Held

Dates	Rank	School / Institution	Status (Full or Part-Time)