

# PERSONAL DATA SHEET

New Hire  Change

Part-time

Prefix:	*Last Name:	*First Name:	*Middle Name:
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\*List legal name as it appears on the social security card.

### HOME ADDRESS:

Street Line 1: <i>Native Country Address</i>	Street Line 2:
City, State, Zip: <i>Include Name of Country</i>	County: <i>Does Not Apply</i>
Home Phone: _____	Cell Phone:
Personal Email Address:	

### LOCAL ADDRESS:

Street Line 1: <i>Pittsburgh Address</i>	Street Line 2:
City, State, Zip:	County:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <i>MM/DD/YYYY</i>	Social Security Number:	Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident
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Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: <b>Check all that apply</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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PRIMARY EMERGENCY CONTACT	SECONDARY EMERGENCY CONTACT
Name: <i>Must Enter</i>	Name: <i>Optional</i>
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

Home Department: <i>Dept. you are working in</i>	Date Employed: <i>MM/DD/YYYY</i>	Date I-9 Form Completed:	Expiration Date:
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### FOR INTERNATIONAL FACULTY, STAFF, STUDENTS:

Visa Type:	Visa Number:	Nation of Issue: <i>USA</i>
Passport Number:	Nation of Issuer:	Expiration Date:
Status: <input type="checkbox"/> F-1 <input type="checkbox"/> H1-B <input type="checkbox"/> J-1	Expiration Date: <i>on I-20 or DS2019</i>	Duration of Stay: <i>on I-20 or DS2019</i>
		Alien Registration Number: <i>FROM I-94</i>