Personal Data Form Classified/ Faculty/ Exempt Employees



UNIVERSITY OF NORTHERN COLORADO

Office of Human Resources

| EMPL | OYEE | INFO | RMA | MOIT |
|-------------|------|------|-----|------|
|-------------|------|------|-----|------|

| Legal Last Name | Le | Legal First NameM.I | | | | | | |
|--|-----------------------|-------------------------------------|-------------|------------------------|--|--|--|--|
| Name in Use | | | | | | | | |
| Social Security # | Da | Date of Birth | | | | | | |
| Current Address: | | | | | | | | |
| | | | | | | | | |
| City | State | Zip code | | | | | | |
| Phone # () | | | | | | | | |
| Gender: □ Male □Female □Nonbinary/Agender □Decline to Answer | | | | | | | | |
| Marital Status | | | | | | | | |
| EDUCATION LEVEL | YEAR | MAJOR | INSTITUTION | | | | | |
| High school Diploma/GED | | | - | | | | | |
| Bachelor's Degree | | | | | | | | |
| Master's Degree | | | - | | | | | |
| Ph.D. Degree | | | | | | | | |
| Other Doctorate (Ed.D. D.A., Psy.D.) Professional Degree | | | | | | | | |
| Froiessional Degree | | | | | | | | |
| ETHNICITY | VETERAN | DISABILITY | 1 | | | | | |
| □ Black | ☐ Act Resv | ☐ Ambul | atory | ☐ Speech | | | | |
| ☐ Hispanic | □ Viet Vet | ☐ Coordi | nation | ☐ Learning | | | | |
| □ Asian / Pacific Islander | ☐ Retired | ☐ Sight | | ☐ Mental-Psychological | | | | |
| ☐ Caucasian | ☐ Inact Resv | ☐ Hearin | | ☐ No Disability | | | | |
| ☐ American Indian/ Alaskan Native | ☐ Other Vet | | 9 | | | | | |
| ☐ Other | ☐ No Mil Svc | | | | | | | |
| | | | | | | | | |
| CITIZENSHIP IF NOT UNITED STATES | | | | | | | | |
| Country Visa Status | | | | | | | | |
| Alien Perm | Alien Temp | Naturalized (attach a copy of Visa) | | ittach a copy of Visa) | | | | |
| | | | | | | | | |
| RETIREMENT STATUS | | | | | | | | |
| | | | | | | | | |
| ☐ I am eligible for PERA (prior PERA enrollment) ☐ I am a PERA retiree | | | | | | | | |
| | | | | | | | | |
| EMERGENCY CONTACT | | | | | | | | |
| Name Relationship to Employee | | | | | | | | |
| Phone # () | | | | | | | | |
| | | | | | | | | |
| Address | | | | | | | | |
| City | State Zi _j | o code | | | | | | |