



# Personal Data Questionnaire

Name: _____ Last First Middle			Birth Date: _____ Month / Day / Year		
If your Employment Records are under any other names please specify below: _____ Last First Middle			Social Security#: _____ _____/_____/_____		
Home Address: _____ Street City, State, Zip		Mailing Address: _____ Street/PO Box City, State, Zip		Home Phone: _____ (_____) _____ Cell Phone: _____ (_____) _____	

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--

**Citizenship Status:**  
 USA  Naturalized  Permanent Resident Alien  Non-Resident Alien Citizenship Country: \_\_\_\_\_

**Visa Type:**  
 H1B Visa  F1 Student Visa  J1 Exchange Student  IM Immigrant  TN visa (Canada & Mexico)  
 Other: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

<b>Ethnic Group:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Island <input type="checkbox"/> Black/African American	<b>Military Status (if applicable):</b> <input type="checkbox"/> Active Reserve <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Retired Veteran <input type="checkbox"/> Other Veteran
---	---

**Education:**  
 Highest level of Education completed: \_\_\_\_\_ Degree: \_\_\_\_\_  
 School: \_\_\_\_\_ Year Awarded: \_\_\_\_\_

**Prior Public Employment in Commonwealth of Massachusetts:**  
 Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Emergency Contact Information: (you can update your emergency contact information through HR Direct)**

1. Person to be notified in case of emergency: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Person to be notified in case of emergency: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_