Personal Data Form (PDF)

Check Employee Type: ☐ New Employee* ☐ Current Employee Submitting Data Changes

PLEASE TYPE OR PRINT LEGIBLY

V-ID NUMBER	PREFIX	EMPLOYEE LEGAL NAME (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL)	SUFFIX					
Contact your Personnel Administrator for your V-ID #	PREFIX	PREVIOUS LEGAL NAME (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL)	SUFFIX					
	Preferred FIRST NAME if different from above:							

	NOT	1) Insert	ne used must be the na your <u>current</u> l egal nam s form AND a <u>copy</u> of yo	e AND your <u>previo</u>	<u>us</u> l€	egal name in the boxe	es indicated abov	/e.	_			
		-		S INFORMATION	I (PF	PAIDEN)						
PERMANENT ADDRESS (HOME – i.e., where W-2 is mailed) STREET					Γ#	CITY		STATE	ZIP CODE + 4			
HOME PHONE CELL PHONE					WORK PHONE ALL DIGITS IN ZIP CODE + 4 REQUIRED							
()	()					()						
WORK CAMPUS	BOX ADDRES	S (OFFICE	≣)									
P.O. BOX				AP	Γ#	CITY		STATE	ZIP CODE + 4			
							ALL	DIGITS IN ZIP	- CODE + 4 REQUIRED			
WORK STREET STREET	ADDRESS			AP ⁻	Г#	CITY		STATE	ZIP CODE + 4			
OTTLET				/ "	. #	0111		OTALL	Zii GODE : 4			
L			DEDOON		N /D	DAIDEN)	ALL	DIGITS IN ZIP	CODE + 4 REQUIRED			
DATE OF BIRTH	ADE VOU	ETUNICI		AL INFORMATIO		•	aral gavarament .	a a a ra ditina a	acceptions college			
[MO/DAY/YR]												
SEX	☐ Yes	_	ou Hispanic or Latino?	atino? Yes								
☐ MALE ☐ FEMALE	□No	□w	•	☐ Asian								
MILITARY STATUS	3:	ARE YOU	A VETERAN? YES	□ NO RE	TIRE	E/TRANSFER STATUS	:					
CHECK ONE, IF					ARE YOU A RETIREE FROM VCU OR ANOTHER STATE AGENCY?							
_	☐ SPECIAL DISABLED VETERAN ☐ ARMED FORCES SERVICE MEDAL VETERAN				☐ YES ☐ NO IF YES, TYPE OF RETIREMENT:							
OTHER PROT	☐ OTHER PROTECTED VETERAN				□ VRS □ ORP □ VaLORS							
DISCHARGE DAT	DISCHARGE DATE:				IF YES, DATE OF RETIREMENT:							
VETERAN FILE #	: <u></u>			. AF	ARE YOU A TRANSFER FROM ANOTHER STATE AGENCY? (no break in							
MILITAR' RESERV	_				service) YES NO							
	RESERVE ACTIVE RESERVE STATUS: INACTIVE RESERVE					IF YES, LIST AGENCY NAME & PHONE #:						
		EMERGE	NCY CONTACT INFOR	RMATION - PRIM	ΔΡΥ	AND ALTERNATE	(PPAIDEN)		<u> </u>			
PRIMARY CONTACT NAME				HOME PHONE			CELL PHONE					
				\)			()				
HOME ADDRESS: STREET			AP ⁻	Γ#	CITY		STATE	ZIP CODE + 4				
							ALL	DIGITS IN ZIP	- CODE + 4 REQUIRED			
ALTERNATE CON	ALTERNATE CONTACT NAME			НО	HOME PHONE			CELL PHONE				
				()			()				
HOME ADDRESS: STREET				AP ⁻	Γ#	CITY		STATE	ZIP CODE + 4			

Revised August 2011

			EDUC	CATION INFOR	RMATION (PPAG	GENL)			
□ 02. HIGH SCHOOL DIPLOMA □ 05. AS			EL ACHIEVED AND YEAR COMPLETED OME COLLEGE 07. MASTER'S D			GREE: MD, DDS, JE, etc.	YR HIGHEST DEGREE REC'D:	# OF YRS – HIGHER ED. TEACHING EXPERIENCE	
DEGREE	DEGREE TYPE (Check ONLY <u>ONE</u>)	YEAR REC'D	INSTITUTION			MAJOR	MINOR		
	☐ Undergraduate ☐ Graduate								
	☐ Undergraduate ☐ Graduate								
	☐ Undergraduate								
			DDOEESSION	IAL LICENSUE	DE INFORMATIO	N (DDACEDT)	L		
LICENSE/CERTIFICATE (# and board)			YEAR REC'D	EXPIRES [MO/DAY/YR]	RE INFORMATION LICENSE/CERT	IFICATE (# and board)	YEAR REC'D		EXPIRES [MO/DAY/YR]
LICENSE/CERTIFICATE (# and board)			YEAR REC'D	EXPIRES [MO/DAY/YR]	LICENSE/CERT	IFICATE (# and board)	YEAR REC'D		EXPIRES [MO/DAY/YR]
CHECK ON	LY ONE BOX BELO	OW	CRIM	MINAL CONVIO	CTION INVESTIG	FOLLOWING SECTION DIDENTIFYING INFORMA			
☐ THIS NE	W EMPLOYEE IS O	N A VISA <u>AND</u>	DOES NOT YET	HAVE A SOCIAL	. SECURITY NUMI	I CAMPUS POLICE. BER. NO CRIMINAL CON ONVICTION BACKGROU			HECK IS
☐ THIS NE	W EMPLOYEE HAS	A DOHA, QA	TAR (VCUQ) RESI	DENCY PERMIT	BUT NO CID CHE	CK DONE. HIRERIGHT	HECK IS REQUIR	ED.	
				EC	ORM I-9				
☐ PA HAS ☐ PA HAS ☐ DOCUM ☐ THIS NE ☐ THIS EN	ENTS TO VCU FOR W EMPLOYEE HAS	ERIGHT AND PER FORM I-9 REVIEW). BEEN HIRED	(ONLY PERMITTI	ELECTRONIC FO ED IF EMPLOYE JSIVELY IN DOH	ORM I-9. E WORKS AT A R IA, QATAR (VCUG	EMOTE LOCATION AND a). NO FORM I-9 IS REQUITINUOUS VCU EMPLOYM	JIRED.		
	nat I have revi nformation as		completenes	ss of this Pe	ersonal Data	Form (PDF) and I	nave added a	ny rel	evant
Signature		Personne	I Administrat	tor (or Desi	anee)*		Da	to	

* Personnel Administrator (or Designee) also must sign this form for new employees.

This form should be included in the new hire paperwork.