Fermi National Accelerator Laboratory
Personal Data Form

Employee ID

Employee Name (last name, first name, middle initial)

Preferred Name

Prefix

Home Address

City

State

Zip Code

Home Phone (include area code)

Date of Birth

Social Security No.

PERSONAL DATA

GENDER

Female ☐

Male ☐

Marital Status

Married ☐

Single ☐

HANDICAP-DESCRIBE BRIEFLY

RACE - CHECK ONE

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ Hispanic or Latino (white race only)

☐ Hispanic or Latino (all other races)

☐ White

MILITARY STATUS-CHECK ONE IF APPROPRIATE

☐ Vietnam Era Veteran

☐ Disabled Veteran

☐ Other Eligible Veteran

ARE YOU A U.S. CITIZEN ?

YES: _____   NO: _____

IF NO, STATE CITIZENSHIP:_____

VISA TYPE: _____

EXPIRATION DATE: _____

EDUCATION COMPLETED

Degree	Year	Institution	Major

(ALL SECTIONS MUST BE COMPLETED)

_____   _____

SIGNATURE   DATE