

PERSONAL DATA SHEET

New Hire Change

Full-time 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:	Street Line 2:
City, State, Zip:	County:
Home Phone:	Cell Phone:

*Personal Email Address: Please list a non-Duquesne email address

LOCAL ADDRESS:

Street Line 1: as needed	Street Line 2:
City, State, Zip:	County:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	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	Please complete both boxes.	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: Check all that apply <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: Mandatory	Name: Optional
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

Home Department: your dept. name	Date Employed: 1st day of paid work	Date I-9 Form Completed: date both sections completed	Expiration Date:
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FOR INTERNATIONAL FACULTY, STAFF, STUDENTS:

Visa Type:	Visa Number:	Nation of Issue:
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:	Duration of Stay:
		Alien Registration Number:

FULL TIME EMPLOYEES SEE REVERSE

For HF USY only