

PERSONAL DATA FORM

Name:

Last

First

Middle

Prefix: Dr. Miss Mr. Mrs. Ms.**Social Security Number:****Street Address:****City:****County:****State:****Zip:****Phone:****Gender:** Male
 Female**Marital Status:****Highest Education Level:****Full-Time Student:** Yes
 No**Date of Birth:**

mm/dd/yyyy

Birth Country (if not a U.S. citizen):**Citizenship Status:** Native U.S. Naturalized U.S. Alien Temp (alien authorized to work)
 Alien Perm (permanent resident alien)**Ethnic Group:** American Indian/Alaskan Native Asian Black/African American Hispanic/Latino
 Multi-Racial Native Hawaiian/Other Pac Island White Other**Military Service:** Non-Active Active Reserve Veteran Retired Vietnam Veteran**Are you disabled?****Are you a disabled Vet?****Referral Source (How did you find out about this job?):** Applicant Clearinghouse Employee Internet Advertisement Job Posting
 Other (Specify)**Do you have any relatives employed by this institution?** Yes
 No**Do you have any previous employment with the University System of Georgia?** Yes No

If yes, institution: _____ Date last worked: _____