

# Fermi National Accelerator Laboratory Personal Data Form

<b>Employee ID</b>	<b>Employee Name (last name, first name, middle initial)</b>	<b>Preferred Name</b>	<b>Prefix</b>
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
<b>Home Phone (include area code)</b>	<b>Date of Birth</b>	<b>Social Security No.</b>	
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	

<b>PERSONAL DATA</b>	<b>RACE - CHECK ONE</b>						
<table style="width: 100%;"> <tr> <td style="width: 50%;"><b>GENDER</b></td> <td style="width: 50%;"><b>Marital Status</b></td> </tr> <tr> <td>Female <input type="checkbox"/></td> <td>Married <input type="checkbox"/></td> </tr> <tr> <td>Male <input type="checkbox"/></td> <td>Single <input type="checkbox"/></td> </tr> </table>	<b>GENDER</b>	<b>Marital Status</b>	Female <input type="checkbox"/>	Married <input type="checkbox"/>	Male <input type="checkbox"/>	Single <input type="checkbox"/>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic or Latino (white race only) <input type="checkbox"/> Hispanic or Latino (all other races) <input type="checkbox"/> White
<b>GENDER</b>	<b>Marital Status</b>						
Female <input type="checkbox"/>	Married <input type="checkbox"/>						
Male <input type="checkbox"/>	Single <input type="checkbox"/>						
<b>HANDICAP-DESCRIBE BRIEFLY</b>	<b>MILITARY STATUS-CHECK ONE IF APPROPRIATE</b>						
<input style="width: 95%; height: 30px;" type="text"/>	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Other Eligible Veteran <input type="checkbox"/> Disabled Veteran						

<b>ARE YOU A U.S. CITIZEN ?</b>	<b>VISA TYPE:</b> _____
YES: _____ NO: _____	<b>EXPIRATION DATE:</b> _____
<b>IF NO, STATE CITIZENSHIP:</b> _____	

<u>EDUCATION COMPLETED</u>			
Degree	Year	Institution	Major
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

**(ALL SECTIONS MUST BE COMPLETED)**

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE