

# Brown University Personnel Data Form



Social Security Number

Employee Type:  Faculty  Exempt  Non Exempt  Union

Employee's Name (Last Name, First Name Middle Initial)  Suffix  Prefix

## Home Address Information (Do not list Campus or Foreign address)

Street 1

Street 2

Street 3

City  State  Zip Code

Home Phone  Campus Box

**Campus Phone**

863 -  867 -  444 -

**Is your office off campus? If yes, list your Off-Campus Work Phone here.**

Off-Campus Work Phone (If applicable)  Off-Campus Ext.

## Emergency Contact Information

Emergency Contact (Last Name, First Name)

Contact Relationship  Contact Phone

## Your Personal Information

Date of Birth <input type="text"/>	Sex <input type="text"/>	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Race (Select up to 2)</b> <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/> Married <input type="checkbox"/> Partnership	<b>Military Status *</b> <input type="checkbox"/> A - Active National Guard/Reserve <input type="checkbox"/> D - Special Disabled Veteran <input type="checkbox"/> N - Inactive National Guard/Reserve <input type="checkbox"/> V - Vietnam Era Veteran <input type="checkbox"/> O - Other Eligible	<b>Disability *</b> <input type="checkbox"/> A - Ambulatory <input type="checkbox"/> C - Neurological <input type="checkbox"/> H - Hearing <input type="checkbox"/> L - Learning <input type="checkbox"/> M - Mental/Psychological <input type="checkbox"/> P - Speech <input type="checkbox"/> S - Sight <input type="checkbox"/> X - Declined to State	
<b>Education Level</b> <input type="text"/> Ed Level 01 - No Academic Credentials 02 - High School Diploma 03 - Trade Certificate 04 - Some College 05 - Associate's Degree 06 - Bachelor's Degree 07 - Master's Degree 08 - Professional Degree 09 - M.D. 10 - Ph.D 11 - Foreign Degree 12 - Other Doctorate	<b>Highest Degree Earned and Year Awarded</b> Degree <input type="text"/> Year Awarded <input type="text"/>	<b>If you earned more than one degree at the same Ed Level, list them here:</b> Degree 2 <input type="text"/> Degree 3 <input type="text"/>	

\* This information is voluntary and will remain confidential, and be used for statistical record keeping purposes.

Country of Citizenship:   FOREIGN; If foreign, permanent resident (green card)?  YES  NO

**For Office Use Only: Visa and I-9 Information**

Visa Type  Tax Treaty Country Code  Visa Expiration Date  I-9 Status  I-9 Expiration Date

**For Office Use Only**

Entered by:

Date:

Employee Signature  Date  Faculty Personnel Signature  Date