#

# Supplemental Personnel Data Form

## Employee Data

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| **Address:** |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
|  | *County of Residence*: |  Gender:  |  Male Female  |
|  |  |  |  |
|  | Home Phone: | Cell Phone: | Email: |

|  |  |
| --- | --- |
|  | US Citizen: Yes No Birth Country: Visa Type:  |
|  |  |
|  | SSN: Birthdate: Marital Status:  |

|  |  |
| --- | --- |
| **Ethnicity** | Are you Hispanic or Latino? Yes 🞐 No🞐 🞐American Indian/Alaska Native 🞐Asian 🞐Black or African American🞐Native Hawaiian or Other Pacific Islander 🞐White  |
| **Military Status:** | 🞐 Non Veteran 🞐 Vietnam Veteran 🞐 Disabled Veteran 🞐 Other Veteran: |

## Educational and Professional History

|  |  |  |  |
| --- | --- | --- | --- |
| **Highest Edu. Level:** | Degree Earned: | **Institution Name/City, State** | Discipline & Year Earned: |
|  |  |  |  |
| Have you ever worked for the University System of Maryland or other Maryland State Agency? If yes, please specify the beginning and ending dates for such employment. (Attach a separate sheet if necessary.) |
| Beginning Date: | Ending Date: | Agency/Dept: | Title: |
| Beginning Date: | Ending Date: | Agency/Dept: | Title: |
|  If you are currently employed by another Maryland State Agency, please provide your schedule in the space provided: Schedule:  |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Alternate Phone: |  |
| Relationship: |  |