UNIVERSITY OF TEXAS ARLINGTON

Human Resources

Personal Information Form

I. Employment Information

Date of Hire: _____

Rehire: ☐ Yes ☐ No Previous Hire Date: _____

Appointment %: _____

Position Type:
☐ Staff ☐ Work Study
☐ Faculty ☐ Casual
☐ GTA ☐ TA
☐ GRA ☐ RA
☐ Student Assistant ☐ POI

II. Employee Information

Empl ID: _____ **Date of Birth:** Month: _____ Day: _____ Year: _____

Last Name: _____ **First Name:** _____ **Middle:** _____

Address: _____ _____ _____ _____ _____
Street Address Apt. City State ZIP Code

Home Telephone: _____

Mobile Telephone: _____

Gender: ☐ Male ☐ Female

Do you wish to have the following disclosed to the public?

Social Security Number **RESTRICTED**
Home Address/Phone Number ☐ Yes ☐ No
Family Information ☐ Yes ☐ No

Race:
☐ Hispanic or Latino
☐ Not-Hispanic or Latino

Ethnicity:
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Employment Department: _____

Campus Extension for Directory Listing: _____

Name of Supervisor: _____

Box Number: _____

Building Name: _____

III. Emergency Information

Primary Contact

Name: _____ **Relationship:** _____

Address: _____ _____ _____ _____ _____
Street Address Apt. City State ZIP Code

Home Telephone: _____ **Work Telephone:** _____

Secondary Contact

Name: _____ **Relationship:** _____

Address: _____ _____ _____ _____ _____
Street Address Apt. City State ZIP Code

Home Telephone: _____ **Work Telephone:** _____

Former Foster Children

Are you less than the age of 25 and an orphan under permanent managing conservatorship of the Department of Family and Protective Services (DFPS)? ☐ Yes ☐ No

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

IV. Education Information

Level of Highest Degree:

- ☐ Less than High School (1)
- ☐ High School Diploma or GED (2)
- ☐ Associate Degree (3)
- ☐ Certificate of Completion (4)
- ☐ Baccalaureate Degree (5)
  Specify: _____
- ☐ Master's Degree (6)
  Specify: _____
- ☐ Special Professional Degree (LLB, DVM, MD, DDS, JD) (7)
  Specify: _____
- ☐ Medical Degree (8)
  Specify: _____
- ☐ Doctoral Degree (9)
  Specify: _____

College or University where degree was received:

Name of College: _____ Year degree received: _____

City: _____ State: _____

V. Veteran Status (Select all statuses that apply to you)

Texas Veteran Information (Required)

Veteran	☐ Yes	☐ No	Orphan of a Vetaran	☐ Yes	☐ No
Surviving Spouse of a Veteran	☐ Yes	☐ No			

Federal Veteran Categories (Optional)

<u>Section A</u> (Categories under Vietnam Veteran's Readjustment Assistance Act of 1974)

Vietnam Era Veteran	☐ Yes	☐ No	Newly Separated Veteran	☐ Yes	☐ No
Specially Disabled Veteran	☐ Yes	☐ No	Other Protected Veteran	☐ Yes	☐ No

<u>Section B</u> (Categories under Jobs for Veterans Act 2002)

Disabled Veteran	☐ Yes	☐ No	Recently Separated Veteran	☐ Yes	☐ No
Armed Forces Service Medal Veteran	☐ Yes	☐ No	Other Protected Veteran	☐ Yes	☐ No

Military Service Dates (Please provide Military Service dates if either Newly Separated Veteran status or Recently Separated Veteran status is selected): (MM/YYYY) From: _____ To: _____

VI. Payroll Check Distribution (Please Mark Only One Box)

- ☐ **(1) Direct Deposit In Bank (Complete Direct Deposit Form located in this packet).**
- ☐ **(2) Will Pick Up At Payroll Services, Rm 102 J D Wetsel Service Center.**

Employee Signature: _____ **Date:** _____

Office Use Only

Date Entered: _____

Rep Initials: _____

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