

# Fermi National Accelerator Laboratory Personal Data Form

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

<b>PERSONAL DATA</b>	<b>RACE - CHECK ONE</b>	
<b>GENDER</b>	<b>Marital Status</b>	
Female Male	Married Single	
<b>HANDICAP-DESCRIBE BRIEFLY</b>	American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander Hispanic or Latino (white race only) Hispanic or Latino (all other races) White	
	<b>MILITARY STATUS-CHECK ONE IF APPROPRIATE</b>	
	Vietnam Era Veteran Other Eligible Veteran 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> _____	

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

**(ALL SECTIONS MUST BE COMPLETED)**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE