

Appointee Information Form

Personal Information (PLEASE PRINT)

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone Number: _____ Gender: Male Female

Email Address: _____ Mobile/Cell/Pager Number: _____

Ethnicity:

- American Indian/Alaska Native
- Asian/Pacific Islander
- African American (Not of Hispanic Origin)
- Hispanic/Latin American
- White (Not of Hispanic Origin)
- Undeclared/Unknown

Military Status:

- Non-Veteran
- Veteran
- Vietnam Veteran
- Active Reserve
- Inactive Reserve
- Retired

Disabling Condition:

- No Disability
- Disabled Veteran
- Hearing Impaired
- Speech Impaired
- Vision Impaired
- Other

Citizenship:

- U.S. Citizen
- Non-Resident Alien
- Permanent Resident
- Pending Permanent
- Asylum/Refugee Applicant
- Other

Retired from State: Yes No

Citizenship/Visa Status: _____ Citizenship Country: _____

I-94/Work Authorization or Permanent Resident # : _____ Expiration Date: _____

Educational Information

Highest Level of Education:

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than 7th Grade | <input type="checkbox"/> Some Business College Trade (HS Graduate) | <input type="checkbox"/> ADV Graduate Specialist (AGS) |
| <input type="checkbox"/> 7th 8th 9th Grade Completed | <input type="checkbox"/> Associate Degree Earned | <input type="checkbox"/> Master's Degree Earned |
| <input type="checkbox"/> 10th 11th Grade Completed | <input type="checkbox"/> Bachelor's Degree Earned | <input type="checkbox"/> Doctoral Degree Earned |
| <input type="checkbox"/> High School Graduate or GED | <input type="checkbox"/> Some Graduate Study | <input type="checkbox"/> First Professional Degree Earned |

Institution Name & State	Major	Degree	Date (yyyy/mm)

Current Educational Enrollment: (Complete only if currently enrolled in an educational program)

- Undergraduate
 Graduate
 Doctoral
 Other, Explain _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile/Cell/Pager Number: _____

Email Address: _____

Employee Signature _____

Date _____