

**University, Classified and Hourly
PERSONAL DATA**

Employer	Last Name		
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Banner ID	First Name	Middle Name
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Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Ethnic Code <input type="checkbox"/> White Asian <input type="checkbox"/> Black American Indian <input type="checkbox"/> Hispanic	Education <i>Codes on Back</i>	Handicap <i>Codes on Back</i>
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Home Address (W-2 Address)

City & State	Zip Code
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Check Street Address (if different than W-2 address)

Check City & State	Check Zip Code
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TELEPHONE DATA

Home Phone #	Campus Phone #	Spouse's First Name	Directory Code <i>Codes on Back</i>
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CITIZENSHIP/VISA INFORMATION

Citizenship <input type="checkbox"/> US <input type="checkbox"/> Res. Alien <input type="checkbox"/> Non-Res. Alien	Country	Visa Code <i>Codes on Back</i>	Expiration Date	Original Visa Date	Auth. Expiration Date
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PRIOR STATE SERVICE

1. Have you ever worked for a Virginia State Agency? Yes No

2. If you answered yes to question 1, please provide the following information:

Agency Name _____

Location _____

Dates of Service _____

Prior Title _____

Employee Signature _____ Date _____

Highest Degree

- 1 Doctorate
- 2 Special Professional
- 3 Masters
- 4 Bachelors
- 5 Associate
- 6 No Earned Degree
- 8 High School or Equivalent
- 9 Less than High School

Directory Codes

- A Print Home Address, Home Phone and Spouse's First Name
- B Print Home Address and Home Phone
- C Print Home Address and Spouse's First Name
- D Print Home Phone and Spouse's First Name
- E Print Home Address Only
- F Print Home Phone Only
- G Print Spouse's First Name Only
- H Do Not Print Additional Phone Data

Handicap Codes

- 100 Blindness, Both Eyes
- 110 Blindness, Both Eyes (some correction)
- 120 Blindness, One Eye
- 140 Other Visual Impairment

- 200 Deafness, Unable to Talk
- 210 Deafness, Able to Talk
- 220 Other Hearing Impairment

- 300 Impairment Involving Three or More Limbs
- 310 Impairment Involving One Upper, One Lower
- 320 Impairment Involving One or Two Upper
- 330 Impairment Involving One or Two Lower
- 340 Other and Ill-Defined Impairments

- 400 Amputation of at Least One Upper and One Lower
- 410 Amputation of One or Two Upper
- 420 Amputation of One or Two Lower
- 430 Amputation of Other and Unspecified Parts

- 500 Other Mental, Psychoneurotic/Personality Disorders
- 520 Alcoholism
- 521 Drug Addiction
- 530 Mental Retardation, Mild
- 532 Mental Retardation, Moderate
- 534 Mental Retardation, Severe

- 600 Malignancies
- 610 Allergies
- 620 Disease of Blood
- 630 Epilepsy
- 640 Cardiac, Circulatory, Respiratory
- 650 Digestive/Urine-Genital
- 660 Speech Impairment
- 670 Other

- 700 Multiple Handicaps