

Personal Data Form

Banner ID	Last Name	First Name	MI
Home Address (Mailing Address)			Will this address be your principal place of work? Yes No
City		State	Zip Code
Home Phone	Campus Phone	Cell Phone	Birth Date
Email	Department	Building	
Preferred first name if different from legal first name			

Demographics

Sex	Ethnic Codes					
Male	Asian	A1	Hispanic/Latino	H	Undisclosed	U
	Pacific Islander/Hawaiian	A2	Multi Ethnic	M	White	W
Female	Black Non-Hispanic	B	Native American/Alaskan	N		

Educational Degree

Institution Awarding Degree:

Doctorate	Bachelors
Special Professional	Associate
Masters	No degree

Veteran's Status

Check any that apply:

Special Disabled	O	Active Duty Separation Date
Vietnam Era	P	
Recently Separated	Q	Armed Forces Service Medal recipient
Other Protected	R	

If not sure go to : <http://www.opm.gov/veterans/>

Prior State Service

Have you ever worked for a Virginia State Agency?

If yes, provide	Agency Name	
	Dates of Service	

Employee Signature	Date
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