

# Personal Data Sheet

(Please Print Legibly)

( ) Original

( ) Update

EMPL ID \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

MI \_\_\_\_\_

Preferred Name (if any) \_\_\_\_\_

Home Address (Must be in Texas) \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birthdate (Month/Date/Year) \_\_\_\_\_

Have you ever worked for a University of Houston campus in the past? \_\_\_\_\_ If yes, Dates \_\_\_\_\_

\*Gender: ( ) Female  
( ) Male

**\*Race/Ethnicity:**

- ( ) White -- (not of Hispanic Origin) *A person having origins in the original people of Europe, North Africa or the Middle East*
- ( ) Black -- (not of Hispanic Origin) *A person having origins in any of the black racial groups of Africa or the Caribbean*
- ( ) Hispanic -- *A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race*
- ( ) Asian/Pacific Islander -- *A persons from or descendent of any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. To include people from China, Japan, Korea, the Philippine Islands, Samoa, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan*
- ( ) Native American/Alaskan Native -- *A person from or descendent of any of the original people of North America or who maintains cultural identification through tribal affiliation or community recognition*

**Highest Educational Level:**

- ( ) 2 Year College  
( ) Bachelors  
( ) Doctorate  
( ) First Prof  
( ) HS Grad  
( ) Less than HS  
( ) Masters  
( ) MD, DDS, JD  
( ) Post Masters  
( ) Post Doc  
( ) Some Coll  
( ) Some Grad  
( ) Specialist  
( ) Tech Sch

**\*\*Disability Status:**

- ( ) No/None Disclosed  
( ) Yes, I have a physical or mental impairment that substantially limits one or more major life activities

**Marital Status:**

- ( ) Divorced  
( ) Married  
( ) Separated  
( ) Single  
( ) Widowed

In the event of an emergency, would you like us to contact a family member or friend?  
If so, please provide contact information below.

Name	Relationship	Home Phone	Work Phone	Alternative Phone

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HR USE ONLY**

**Non-Resident Aliens:**

Citizenship Country \_\_\_\_\_

Passport # \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Non-Resident/Resident Aliens:**

Visa/Permit Type \_\_\_\_\_

Admission #/Alien Reg # \_\_\_\_\_

Expiration Date \_\_\_\_\_

\*/\*\* This information is for internal purposes and/or federal/state reporting requirements. Items marked with a (\*) are required fields and mandatory to complete. Items marked with a (\*\*) are voluntary. No adverse action employment action will be based upon the information you report.