

Clarkson University

Employee Personal Information

General Information

Full Legal Name: _____
Last First Middle

Permanent Home Address: _____
Street Town State Country Postal Code

Local Mailing Address: _____
If different then above Street Town State Country Postal Code

Home Phone Number: () _____ SSN _____ - _____ - _____

Have you worked for Clarkson University before as an employee or a student? (circle) Yes No
 Under what name: _____ Employee/Student Number _____

Are you an United States Citizen? Y N
 If No, what is your country or citizenship? _____

Foreign Address: _____

Foreign National Visa (circle): F H J Green Card / Permanent Residency

Gender (circle): Male Female Unknown Marital Status: _____

Race/Ethnic Group (circle): White Black Hispanic Asian/Pacific Islander Native American/Alaskan Native

Date of Birth: _____ Location of Birth: _____
MM/DD/YYYY City State Country

If in New York State, Name of County: _____

Education

Circle Highest Achieved:
 High School Diploma Bachelors Masters PhD Other

If Other, Explain: _____

Name of institution where **highest** degree was achieved: _____ Year: _____

Discipline: _____

Military Service (circle one)

Non Veteran Veteran Disabled Veteran
 Vietnam-Era Veteran Vietnam-Era Disabled Campaign Expedition

Disabilities (circle one)

Not Disabled Paraplegia Hearing Impaired
 Visually Impaired Loss of Upper Limb Loss of Lower Limb

Family members: (List spouse first please)

Name	DOB	SSN	Name	DOB	SSN
Name	DOB	SSN	Name	DOB	SSN

SIGNATURE

DATE