



UNIVERSITY OF MASSACHUSETTS BOSTON
DEPARTMENT OF HUMAN RESOURCES

PERSONAL DATA QUESTIONNAIRE – Contingent Worker

Employee ID (Leave blank if new) Social Security Number:

1. First Name	2. Middle Name	3. Last Name	
4. Birth Date	5. Country of Citizenship	6. Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>	7. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
PLEASE ADD ADDRESS INFORMATION BELOW (if applicable):			
8. Permanent Foreign Address:			9. Telephone
10. City	11. Country	12. Postal Code	13. Province (Canada only)
14. US Address:			15. Telephone
16. City	17. Country	18. Zip Code	

19. GUEST (CHECK ONE): Staff Faculty Other: _____ TITLE: (CHECK ONE): Site Manager Manager Consultant Coordinator Adjunct Faculty Intern Other: Partner Volunteer Assistant Visitor Researcher	20. ARE YOU A U.S. CITIZEN? Yes (Proceed to box 23) No (Proceed to box 21)
	21. ARE YOU A LEGAL PERMANENT RESIDENT? Yes (Proceed to box 23) No (Proceed to box 22)
	22. PLEASE SPECIFY: CURRENT IMMIGRATION STATUS: _____ COUNTRY(IES) OF CITIZENSHIP: _____ EXPIRATION: _____
	23. ADDITIONAL INFORMATION, if needed:

EMERGENCY CONTACTS

	Name	Address	Telephone	Relationship
PRIMARY				
SECONDARY				

"I attest that I have read and understood all of the contents of this form and that all of the information provided on this form is correct and complete to the best of my knowledge."

Signature: _____

Date: _____