

# BARUCH COLLEGE/CUNY - OFFICE OF HUMAN RESOURCES

## Personal Data Form

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

Employee Name: \_\_\_\_\_

Last Four Digits of SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address Line1: \_\_\_\_\_

Home Address Line2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address Line1: (If Different) \_\_\_\_\_

Mailing Address Line2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Education:** Include all degrees/diplomas received to date, Institution, and date earned, beginning with most recent.

Degree/Diploma	Date Received	School Name	Major Study

### **Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**You are responsible for submitting a new form to the Office of Human Resources, Box D-0202, whenever your Personal Circumstances change.**

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