

# PERSONAL DATA FORM

Date \_\_\_\_\_

New Hire  Change of \_\_\_\_\_ Department \_\_\_\_\_

Will you be paid through the Rice payroll? \_\_\_\_ yes \_\_\_\_ no If not, who is your employer? \_\_\_\_\_

Will you be working on the comp. campus? \_\_\_\_ yes \_\_\_\_ no If not, what is your work address? \_\_\_\_\_  
(street, city, state)

SSN \_\_\_\_\_ NAME \_\_\_\_\_  
Last First Middle

Former Name \_\_\_\_\_ Nickname (if preferred) \_\_\_\_\_ Legal Name (if different) \_\_\_\_\_

Prefix \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_  
Ms. Mrs. Mr. Dr. Miss

## Origin

White  Black  Hispanic  Asian  Other

## NATIONALITY INFORMATION

National  Non-national Nationality \_\_\_\_\_

## WORK AUTHORIZATION

.... Citizen? \_\_\_\_\_ If NO, please complete the following: Years in ... \_\_\_\_\_

Citizen of \_\_\_\_\_ Other info: \_\_\_\_\_

Work Permit # \_\_\_\_\_ Exp Date \_\_\_\_\_ Visa Type \_\_\_\_\_ Exp Date \_\_\_\_\_

## ADDRESS

Number \_\_\_\_\_ Street \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ International Access \_\_\_\_\_  
(XXX) XXX-XXXX

## SPOUSE OR DOMESTIC PARTNER

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

## EMERGENCY CONTACT

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Relationship \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ International Access \_\_\_\_\_  
(XXX) XXX-XXXX

## DIRECTORY INSTRUCTIONS: Do you wish to have the following information printed in the company

Directory? \_\_\_\_\_ (Yes or No)

Spouse/Domestic Partner's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Employee Signature \_\_\_\_\_

DD-MON-YR