

# Employee Data Collection Form

<b>1. Employee Information</b>			
<b>Social Security #:</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Suffix Name (circle one)</b>  II   III   IV   V   Jr.   Sr.   None	<b>Birth Date:</b>	<b>Racial Identity:</b> <input type="checkbox"/> Not Reported <input type="checkbox"/> Amer Indian/Alaska Nat <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Citizenship/Visa Status:</b>	<b>Citizenship Country:</b>	<b>Visa or Perm Res #:</b>	<b>Check Distribution:</b>
<b>Military Status (check one):</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Special Disability	<b>Highest Education Level (check one):</b> <input type="checkbox"/> Less Than 7 <sup>th</sup> Grade <input type="checkbox"/> 7 <sup>th</sup> , 8 <sup>th</sup> , 9 <sup>th</sup> Grade Completed <input type="checkbox"/> 10 <sup>th</sup> , 11 <sup>th</sup> Grade Completed <input type="checkbox"/> High School Grad or GED <input type="checkbox"/> Some Bus Coll Trade (HS Grad) <input type="checkbox"/> Associate Degree Earned <input type="checkbox"/> Bachelor's Degree Earned <input type="checkbox"/> Some Graduate Study <input type="checkbox"/> Advanced Grad Specialist (AGS) <input type="checkbox"/> Master's Degree Earned <input type="checkbox"/> Doctoral Degree Earned <input type="checkbox"/> First Professional Degree Earned	<b>Phone Directory (check one):</b> <input type="checkbox"/> All information <input type="checkbox"/> Blank <input type="checkbox"/> No Permanent Address/Phone <input type="checkbox"/> No Permanent Address <input type="checkbox"/> No Permanent Phone	<b>Retired from State (check one):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Employee Address Information</b>			
<b>Business/Office Address:</b>		Martin Hall	<b>Phone:</b> 301-405-2376
<b>Permanent Address:</b>		<b>City:</b>	
<b>State:</b>	<b>County:</b>	<b>Zip:</b>	<b>Phone:</b>
<b>3. Employee Email Address Information</b>			
<b>Primary Email Address:</b>			
<b>4. Employee Education Information</b>			
<b>Institution:</b>		<b>Degree:</b>	<b>Degree Date (yyyy/mm):</b>