1. EmpIID		2. Effective Date		University of Missouri						
			PERSONAL DATA FORM							
Name and Biographical Information (Enter name as it appears on Social Security card):										
Miss Mr. First Name			Middle Name Last Name		Suffix		]    .      V. ] sr	4. Date of Birth (MM-DD-YYYY)		
			high School High School Grad			<b> </b>				
or righteet <u>_</u>							Doctorate Tech School			
7. Marital Status Divorced Legally Separated Married Single Widow or Widower										
3. Street or P.	O. Box Number		City			State	Zip	Code	County	
9. Street or P.	O. Box Number		City			State	Zip	Code	County	
10. Room Number and Building Name										
11 Otroot or D	O Boy Number (if a	nnliachla)		City		State	Zin	Codo	County	
	.O. Box Number (ii a	ipplicable)				Sidle		Code	County	
12. Home Telephone Number (Main) 13. Ë¿'Ïapp Work Telephone Number										
Regional Information										
14a. Are you Hispanic or Latino?* 14b. What is your race?* (Select one or more)										
American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander								er Pacific Islander White		
15. Military Discharge Date										
Ë¿¹Ïapp Specific										
16. Work with or around research/teaching animals or handle animal tissues/fluids.       Yes       No       17. Check if you want to restrict release of home address and telephone number										
Emergency Contact Person:										
18. Name (Last, First)									Area Code & Telephone No.	
Citizenship:										
19. Citizenship Status*								20. Visa Inforr	mation	
Citizen Alien Authorized To Work Lawfu					Noncitizen Nat	tional of the	e US	VISA Ty	ype	
d For Acad	emic Employees	Only):			•					
Highest Degree Earned Major					Date Acquired	Institut	ion Name			
		mation (Enter name as it app         Mr.       First Name         6. Highest Education Level*         rorced       Legally Sep         3. Street or P. O. Box Number         9. Street or P. O. Box Number         10. Room Number and Building Na         11. Street or P.O. Box Number (if a         12. Home Telephone Number (Mai         (         14b. What is your race?* (Select o         American Indian/Alask	mation (Enter name as it appears on Soc   Mr.   First Name   6. Highest Education Level*   Bachelo   vorced   Legally Separated   3. Street or P. O. Box Number   9. Street or P. O. Box Number   10. Room Number and Building Name   11. Street or P.O. Box Number (if applicable)   12. Home Telephone Number (Main)   (   )   14b. What is your race?* (Select one or more)   American Indian/Alaskan Native	mation (Enter name as it appears on Social Security ca         Mr.       First Name       Middle Name         6. Highest Education Level*       Less than High School         Bachelors         vorced       Legally Separated       Married         3. Street or P. O. Box Number         9. Street or P. O. Box Number         10. Room Number and Building Name         11. Street or P.O. Box Number (if applicable)         12. Home Telephone Number (Main)         (         14b. What is your race?* (Select one or more)         American Indian/Alaskan Native         s/fluids.         Yes         No         17. Check if you         home addree         American Indian/Alaskan Native         American Indian/Alaskan Native         Anter addree         Alien Authorized To Work       Lawful Permanent Rest	mation (Enter name as it appears on Social Security card):         Mr.       First Name       Middle Name       Last Name         6. Highest Education Level*       Less than High School       Bachelors         Bachelors       Bachelors       Gathered         70rced       Legally Separated       Married         3. Street or P. O. Box Number       City         9. Street or P. O. Box Number       City         10. Room Number and Building Name       City         11. Street or P.O. Box Number (if applicable)       City         12. Home Telephone Number (Main)       City         (       )         14b. What is your race?* (Select one or more)       Asian         Satching       Yes       No         17. Check if you want to reshome address and telep       Nome address and telep         Alien Authorized To Work       Lawful Permanent Resident	mation (Enter name as it appears on Social Security card):         Mr.       First Name         Alien Authorized To Work       Less than High School         Mr.       First Name         Middle Name       Last Name         Alien Authorized To Work       Lewful Permanent Resident	mation (Enter name as it appears on Social Security card):       Image: Security card):       Image: Security card):       Suffix         6. Highest Education Level*       Less than High School       High School Grad       Suffix         6. Highest Education Level*       Less than High School       High School Grad       Masters         orcred       Legally Separated       Married       Single       Widow         3. Street or P. O. Box Number       City       State         10. Room Number and Building Name       City       State         11. Street or P. O. Box Number (ff applicable)       City       State         12. Home Telephone Number (Main)       13. É¿ lapp Work Telephor       State         14b. What is your race?* (Select one or more)       American Indian/Alaskan Native       Asian       Black/African American         staphing       Yes       No       17. Check if you want to restrict release of home address and telephone number       Image: Alien Authorized To Work       Lawful Permanent Resident       Noncitizen National of the home address and telephone number	mation (Enter name as it appears on Social Security card):       Image: Construct of the security card):       Image: Construct	mation (Enter name as it appears on Social Security card):       DERSONAL D         mt:       First Name       Middle Name       Last Name       Suffix       II.       III.       IV.         6. Highest Education Level*       Less than High School       High School Grad       Some College         Bachelors       Masters       Doctorate         rorced       Legally Separated       Married       Single       Widow or Widower         3. Street or P. O. Box Number       City       State       Zip Code         9. Street or P. O. Box Number       City       State       Zip Code         10. Room Number and Building Name       11. Street or P.O. Box Number (if applicable)       City       State       Zip Code         11. Street or P.O. Box Number (Main)       13. Eg/Tapp Work Telephone Number       Zip Code       2         12. Home Telephone Number (Main)       13. Eg/Tapp Work Telephone Number       Native Hawaiian/Oth         14b. What is your race?*       (Select one or more)       American Indian/Alaskan Native       Asian       Black/African American       Native Hawaiian/Oth         atechning       Yes       No       17. Check if you want to restrict release of home address and telephone number       Over the second provements       State       State       State         Allein Authorized T	