

**Borough of Manhattan Community College
Office of Human Resources
Personnel Information Form**

Name (Print) Social Security Number

Title Department Date of Appointment

Female Male Date of Birth _____

Ethnicity: American Indian Alaskan Native Asian
 Black Hispanic Italian American
 Pacific Islander Puerto Rican White

U.S. Citizen: Yes No If you are not a US Citizen,

Of what country are you a citizen: _____

Of what type of VISA are you holding: _____ Expiration Date: _____

Are you a Veteran? No Yes If you are a Veteran, please specify:

Active Reserve Disabled Disabled Vietnam Era
 Inactive Reserve Retired Vietnam Era

Home Address: _____
(print)

Telephone Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____

Telephone Number: _____ Business Number: _____

Education: Degree Major Date Earned Institution

To be completed by the Office of Human Resources

I-9: _____ Work Authorization Expiration Date: _____ Staff Initial: _____ Date: _____