



RICE

Personal Data Form

Date _____

New Hire Rehire 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 Rice campus (including BRC, Greenbriar & Kirby Rice offices)? ___ Yes ___ No

If not, what is your work address? _____

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 MM-DD- YEAR

ETHNICITY/RACE

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Pacific Islander White

U.S. WORK AUTHORIZATION

U.S. Citizen/ Resident Alien? _____ **If NO, please complete the following:**

Visa Type _____ Years in the U.S. _____

ADDRESS

Number Street Apartment Number

City State Zip Country

Phone _____ International Access Code _____
(Area code) XXX - XXXX

SPOUSE OR DOMESTIC PARTNER

Last First Middle Relationship

EMERGENCY CONTACT

Last First Middle Relationship

Number Street Apartment Number

City State Zip Country

Phone _____ International Access Code _____
(Area code) XXX - XXXX

Signature _____

Date _____