EMPLOYEE NAME (last) _____ (first) _____ (mi) _____

Personnel # _____
(Personnel # if available)

UNIVERSITY OF NEBRASKA
Personnel Data Form (PDF)

Nebraska UNIVERSITY OF

Form Completed by _____ **Department** _____

E-mail _____ **Phone** _____ **Date** _____

PERSONAL DATA (IT0002) ☐ Name Change

Last Name _____ Name at birth _____

First Name _____ Middle initial _____

Known as (Nick Name) _____

Birth date _____ Gender: ☐ Female ☐ Male

PERMANENT HOME ADDRESS (IT0006) (no punctuation or dashes)

Spouse's Name (if applicable) First _____ Last _____

1 _____

2 _____

City _____ State _____ Zip _____

Telephone _____ E-Mail (personal) _____

☐ I do not wish to have my home address information published in the University directory.

CURRENT HOME ADDRESS (IT0006) if different from permanent address (no punctuation or dashes)

c/o _____

1 _____

2 _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

WORK ADDRESS (IT0006) (no punctuation or dashes)

Building Abbreviation _____ Room number _____ Campus **UNL**

State _____ Zip _____ Telephone _____ Fax _____

EMERGENCY CONTACT (IT0006) (no punctuation or dashes)

Name _____

Telephone _____ Alternate Telephone _____

ADDITIONAL PERSONAL DATA (IT0077)

Ethnicity ☐ Hispanic/Latino (E1) ☐ Not Hispanic/Latino (E2)

Race ☐ American Indian/Alaskan (R1) ☐ Native Hawaiian or Other Pacific Islander (R4)
(check all that apply) ☐ Asian (R2) ☐ White (R5)
☐ Black or African American (R3) ☐ Unknown (R9)

Military Status ☐ Non Veteran (V1) ☐ Special Disabled Veteran (V2) ☐ Vietnam Era Veteran (V3)
(check all that apply) ☐ Other Protected Veteran (V4) ☐ Recently Separated Veteran (V5) ☐ Disabled Veteran (V7)
☐ Armed Forces Service Medal Veteran (V6) ☐ Unknown (V8) Discharge Date _____

Medicare Eligible ☐ Yes ☐ No **Disability** ☐ Yes ☐ No

Date Disability Determined _____

Date Employer Learned of Disability _____ (To be completed by Human Resources)

EDUCATION (IT0022) (not required for student workers)

Date of Graduation _____ *(mm/yyyy or year)*

Type of Educational Institution _____

Institution Name *(Institute Acronym Preferred)* _____

Certificate/Degree _____   Is this the highest possible degree in your field?   ☐ Yes   ☐ No

(Additional Degrees, if any)

Date of Graduation _____ *(mm/yyyy or year)*

Type of Educational Institution _____

Institution Name *(Institute Acronym Preferred)* _____

Certificate/Degree _____   Is this the highest possible degree in your field?   ☐ Yes   ☐ No

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QUALIFICATIONS (IT0024) (skills, licenses and certifications, if applicable)

License _____   Certification _____

Programming Language _____	Proficiency	☐ Low	☐ Average	☐ High	☐ Excellent
Programming Language _____	Proficiency	☐ Low	☐ Average	☐ High	☐ Excellent
Foreign Language _____	Proficiency	☐ Low	☐ Average	☐ High	☐ Excellent
Foreign Language _____	Proficiency	☐ Low	☐ Average	☐ High	☐ Excellent

☐ Other _____

EMPLOYEE SIGNATURE

_____

(signature)   (printed name)   (date)