

## PERSONAL DATA QUESTIONNAIRE/CHANGE FORM

New Employee Yes or No *If No* Current Name \_\_\_\_\_

PS Employee Id \_\_\_\_\_

**\*NAME as it will appear on Human Resources/Payroll Records:**

|      |       |        |
|------|-------|--------|
| Last | First | Middle |
|      |       |        |

|                |      |       |        |
|----------------|------|-------|--------|
| Street Address | City | State | Postal |
|                |      |       |        |

|              |                        |            |               |
|--------------|------------------------|------------|---------------|
| Gender       | Social Security Number | Birth Date | Phone Numbers |
| Male _____   |                        |            | Home:         |
| Female _____ |                        |            | Cell:         |
|              |                        |            | Work:         |

|                |                                    |                             |
|----------------|------------------------------------|-----------------------------|
| Marital Status | Emergency Contact Name and Address | Emergency Contact's Phone # |
| Married _____  |                                    |                             |
| Single _____   |                                    | Relationship to Employee    |
|                |                                    |                             |

|  |  |                       |
|--|--|-----------------------|
| <b>OPTIONAL Ethnic Code</b>                | <b>Highest Education Level Completed</b> |                       |
| _____ American Indian/Alaskan Native       | _____ Less than High School              | _____ Some Graduate   |
| _____ Asian                                | _____ High School Grad                   | _____ Master's Degree |
| _____ Black/African American               | _____ Tech School Grad                   | _____ Doctorate       |
| _____ Hispanic/Latino                      | _____ Some College                       | _____ MD, DDS, JD     |
| _____ Native Hawaiian/Other Pacific Island | _____ 2 Year College                     | _____ Post Doctorate  |
| _____ White                                | _____ Bachelor's Degree                  |                       |

|                                  |       |        |              |
|----------------------------------|-------|--------|--------------|
| School Name- Highest Degree Only | Major | Degree | Year Awarded |
|                                  |       |        |              |

|               |
|---------------|
| OTHER CHANGES |
|---------------|

\*Please note the name on this form will be the name of record for all legal documents issued by this office- including but not limited to documents and information provided to: Social Security Admin, Federal and State Tax Agencies, and Mass State Board of Retirement.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_