

Employee Information Form

The University of Vermont

For boxes enter an X where applicable

An Equal Opportunity Employer

When complete, print the form, sign and date at the bottom

Social Security Number	Last Name:	First Name:	Middle Name/Initial
Preferred Salutation: <input type="checkbox"/> 1-Mr. <input type="checkbox"/> 3-Professor <input type="checkbox"/> 2-Ms. <input type="checkbox"/> 4- Dr.	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Country of Citizenship:

Race and Ethnic Origin:

Are you Hispanic or Latino? What is your race? Select one or more

No American Indian or Alaska Native Asian
 Yes Black or African American Native Hawaiian or Pacific Islander White

Highest Educational Level Completed: (Check box with Highest Degree Earned)

<input type="checkbox"/> 11-Did Not Complete High School	<input type="checkbox"/> 17-Bachelor's Degree
<input type="checkbox"/> 12-High School Graduate	<input type="checkbox"/> 18-Master's Degree
<input type="checkbox"/> 13-Technical or Business Training Beyond High School	<input type="checkbox"/> 19-Professional (M.D.)
<input type="checkbox"/> 14-College - No Degree	<input type="checkbox"/> 20-Doctoral (PhD, Ed.D)
<input type="checkbox"/> 15-Four Year Trades	<input type="checkbox"/> 21-Professional and Doctoral
<input type="checkbox"/> 16-Associate's Degree	

Earned Degrees (List Highest First)

Degree	Year	Major	Institution	State or Country

Professional Registration or Licenses

	Description	State		Description	State
1			3		
2			4		

Directory Release: Name, Work Address & Phone, Home Address & Phone Name, Work Address & Phone Only

Permanent Address

Street	City	State	Zip	Phone	Country

Local Mailing Address (Complete only if an alternate to Permanent Address; ex PO Box)

Street	City	State	Zip	Phone

University Work Address (Complete either on-campus OR off-campus work address as applicable: your department can assist)

On-Campus Address:	Building	Room	Phone		
Off-Campus Address:	Street	City	State	Zip	Phone

Dependents

Name	Social Security #	Birth Date	Gender	Relationship	Lives at different Address: Y/N

Signature: _____ Date: _____