



University of Washington  
**PERSONAL DATA FORM**

Please Type or  
 Print Clearly

|                                                                  |              |                                    |  |
|------------------------------------------------------------------|--------------|------------------------------------|--|
| Social Security Number                                           |              | Employee Name (Last, First & M.I.) |  |
| Home Department Name<br>Biobehavioral Nursing and Health Systems |              | Personal Mail Stop<br>357266       |  |
| Work Phone 1                                                     | Work Phone 2 | Work County<br>King                |  |
| Email Address                                                    |              | Alt. Email Address                 |  |

|                       |       |                                         |       |
|-----------------------|-------|-----------------------------------------|-------|
| Local Address         |       | Permanent Address (if other than local) |       |
| Apt. No., Route, Etc. |       | Apt.No., Route, Etc.                    |       |
| City                  |       | City                                    |       |
| County                | State | County                                  | State |
| Zip Code              |       | Zip Code                                |       |
| Home Phone            |       |                                         |       |

|                        |           |               |
|------------------------|-----------|---------------|
| Emergency Contact Name | Day Phone | Evening Phone |
|------------------------|-----------|---------------|

Educational Level: (Check One)

|                                                    |                                                    |                                                 |
|----------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 01 No Academic Credit     | <input type="checkbox"/> 05 Trade Sch. Certificate | <input type="checkbox"/> 09 M.A. / M.S.         |
| <input type="checkbox"/> 02 Grade School           | <input type="checkbox"/> 06 Some College           | <input type="checkbox"/> 10 Professional Degree |
| <input type="checkbox"/> 03 Some High School       | <input type="checkbox"/> 07 Assoc. of Arts         | <input type="checkbox"/> 11 Ph.D.               |
| <input type="checkbox"/> 04 High Sch. Diploma/Eqv. | <input type="checkbox"/> 08 B.A. / B.S.            | <input type="checkbox"/> 12 Other Degree        |

Graduation Year of Highest Degree \_\_\_\_\_

|                    |      |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|