



# SMITH COLLEGE

## PERSONAL INFORMATION QUESTIONNAIRE

The information requested on this form is required to establish your personnel and payroll records at Smith College. It is important that all data recorded on this form be complete and accurate; please print or type the data and return this form to Human Resources. All information on this form is considered confidential and will be used only for internal administrative purposes.

Legal Name (as shown on your SSN Card): \_\_\_\_\_  
(Last) (First) (Middle In.)

Home Address: \_\_\_\_\_  
(Number & Street) (Apt# or PO Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: ( ) - ( ) - ( ) -  
(area code) (number) Cell Phone Number: ( ) - ( ) - ( ) -  
(area code) (number)

Home Email Address: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

DATE OF BIRTH: / / SOCIAL SEC #: \_\_\_\_\_  
(month / day / year)

LOCATION OF WORK: ☐ Smith College/Northampton, MA ☐ Home (town/state) \_\_\_\_\_

☐ Other Locations (outside of MA, list all): \_\_\_\_\_

Have you ever been a Smith employee? ☐ No ☐ Yes \_\_\_\_\_ Year of termination  
Have you ever been paid by Smith as a vendor? ☐ No ☐ Yes \_\_\_\_\_ Year last paid in  
Have you ever been a Smith student? ☐ No ☐ Yes \_\_\_\_\_ Year of graduation  
Have you ever made a contribution to Smith? ☐ No ☐ Yes \_\_\_\_\_ Year of contribution

### RELATIVES EMPLOYED AT SMITH, if any:

(Name / Relationship) (Department)

MARITAL STATUS: ☐ - Married ☐ - Single ☐ - Domestic Partner

**DISABILITIES:** If you have a physical disability or significant impairment of mobility, vision, hearing or other function for which a reasonable accommodation might be made in order for you to perform the essential functions of your job, you may request a reasonable accommodation. To do this, go to [http://www.smith.edu/hr/documents/frm\\_forms\\_Accommodations.pdf](http://www.smith.edu/hr/documents/frm_forms_Accommodations.pdf) or contact the Office of Human Resources at (413) 585-2270 and request the form.

**MILITARY STATUS:** (If you are a veteran, please check the applicable boxes)

☐ Vietnam Era (8/5/64 - 5/7/75) ☐ Non-Vietnam Era ☐ Disabled veteran

Are you an active member of the National Guard or military reserves? ☐ Yes ☐ No

**CITIZENSHIP:** Are you a: U.S. Citizen ☐ Permanent Resident of the U.S. ☐ Neither ☐

If neither, are you able to produce documentation showing eligibility to work in the United States? ☐ Yes ☐ No

**Emergency Contact:** \_\_\_\_\_  
(Last) (First) (Middle In.)

Home Address: \_\_\_\_\_  
(Number & Street) (Apt# or PO Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ Relationship: \_\_\_\_\_

**FACULTY:** Please provide a brief description of your area of research.

**EDUCATION** (check highest level attained):

- |   |   |
|---|---|
| <input type="checkbox"/> Grade School (grade completed _____)                       | <input type="checkbox"/> Master's Degree        |
| <input type="checkbox"/> High School Graduate                                       | <input type="checkbox"/> Ph.D. / Ed. D          |
| <input type="checkbox"/> Vocational, Technical, Business, or other Special Training | <input type="checkbox"/> J.D.                   |
| <input type="checkbox"/> Associate's Degree   | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Bachelor's Degree  |   |

Please indicate any college degree(s) you currently hold:

<u>Degree</u>	<u>Year</u>	<u>Major Field</u>	<u>Institution</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Technical/Vocational School/Training:** \_\_\_\_\_

**Special Licenses / Certificates:** \_\_\_\_\_

### Certification & Authorization:

I certify that the information provided is true and correct. I understand that willful omissions or false statements on these documents may result in the termination of the hiring process or the termination of my employment at the time of discovery.

I authorize the references identified above, and all current and former employers, to provide to Smith College any and all information concerning me and my previous employment, personal or otherwise. I authorize Smith College to request the release of school transcripts from any school, college, university or any other educational institution where I have a record. I release Smith College and all such references and current or former employers from any and all claims, liability or damages which may result, directly or indirectly, from the use, disclosure or release of any such information provided to Smith College, whether such information is favorable or unfavorable to me.

**Employee's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_