



Alcorn
State University

EPAF PERSONAL DATA FORM

(This form should be used for New/Rehired Employees)

Print Name: _____ SS#: _____
(Name Must Be the Same as Shown on Social Security Card)

Mailing Address: _____

City State County Zip Code

Home Phone# (____) _____ Cell Phone# (____) _____

Date of Birth: _____ Sex: _____ Martial Status: _____

Ethnicity: Do you consider yourself Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Yes No

Race: Black or African American
 American Indian/Alaskan Native
 Asian
 White/Caucasian
 Native Hawaiian or Other Pacific Islander

Citizenship: U.S. Citizen
 Resident Alien
 Non-Resident Alien
 Permanent Resident

Highest Education Degree (check highest and list the year attained):

Associate _____ Bachelor _____ Specialist Ed. _____ Master's _____
 Ph.D. _____ Some College

Have you ever attended Alcorn State University as a student? Yes No
(Note to hiring manager: If the answer is yes, do not create a new A#. Use current student A#)