

****IMPORTANT****

**** IF YOU ARE NEW TO JHU OR HAVE NOT WORKED FOR JHU IN THE PAST SEMESTER, YOU MUST COMPLETE THE FORM I-9, EMPLOYMENT ELIGIBILITY VERIFICATION WITHIN 3 DAYS OF BEGINNING YOUR JOB. THIS IS NOW DONE ELECTRONICALLY.

PLEASE GO TO WWW.NEWI9.COM. THE EMPLOYER NAME WILL BE JOHNS HOPKINS UNIVERSITY. ONCE YOU HAVE COMPLETED SECTION 1, PLEASE VISIT THE APPROPRIATE OFFICE (HR, OISSL OR STUDENT EMPLOYMENT (BY APPT ONLY)) TO COMPLETE SECTION 2.*****

COMPUTER SCIENCE
PERSONAL INFORMATION FORM

(Please Print or Type)

SOCIAL SECURITY NUMBER _____ - _____ - _____

NAME _____ TITLE _____
(Last) (First) (Middle Initial)

BIRTH DATE _____ GENDER _____
(Month) (Day) (Year)

HIGHEST DEGREE EARNED _____ DISABILITY _____
(ex. High School, BS, BA, MS, etc) (Yes/No)

NATIONALITY/CITIZENSHIP _____ ETHNICITY _____
(Hispanic or Not Hispanic)

RACE CATEGORY (check all that apply) American Indian or Alaskan Native, Asian; Black or African American; _
_ Native Hawaiian or Other Pacific Islander; White

VETERAN STATUS (select one) _____
(Special Disabled Veteran, Vietnam-era Veteran, Other Protected Veteran, Recently Separated Veteran, Armed Forces Service Medal Veteran, Disabled Veteran, Non-veteran) DISCHARGE DATE (If applicable) _____

IF YOU ARE NOT A U.S. CITIZEN, PLEASE COMPLETE THE FOLLOWING (all fields are required):

*VISA TYPE _____ *VISA ISSUE DATE _____ *VISA END DATE _____

*US ENTRY DATE _____ *WORK EXPIRATION DATE _____

ADDRESS

STREET _____ APT. NO _____

CITY _____ ST. _____ ZIP CODE _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT

NAME _____
(Last) (First) Middle Initial)

ADDRESS _____ APT. NO _____

CITY _____ ST. _____ ZIP CODE _____

PRIMARY PHONE _____ ALT. PHONE _____