

PERSONAL DATA FORM
EMPLOYEE DATA

Legal Name (as shown on the employee's Social Security Card)

Last: First: M.I.: Social Security Number:

Previous/Maiden Name

Last: First: M.I.: Bronco (Employee ID) Number:

Preferred Name (Some records, such as paychecks, that require use of a legal name, may not be able to use your preferred name. However, whenever possible, your preferred name will be used.)

Last: First: M.I.:

Home Address ☐ Check here if mailing address* is the same as your home address

Street: City: State: Zip:

Mailing Address* (if different than home address) **Important Note: Mailing address is used for university correspondence, including the annual mailing of W-2 tax forms.*

Street: City: State: Zip:

Preferred Telephone Number:

☐ Home ☐ Mobile ☐ Other

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Alternate Telephone Number (Not Required):

☐ Home ☐ Mobile ☐ Other

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Date of Birth:

Gender:

☐ Female ☐ Male ☐ Nonbinary

HIGHEST LEVEL OF EDUCATION

Highest Education Level or Type of Degree (i.e., High School Diploma, GED, some college, B.S., M.B.A., Ed.D, Ph.D, etc.):

Date Degree Received:

Major:

Terminal Degree ☐ Yes ☐ No

(Highest Degree Awarded in Degree Major)

Institution Granting Degree:

City/State and Country:

CALIFORNIA PUBLIC EMPLOYEE'S RETIREMENT SYSTEM (CalPERS)

Indicate your membership status with CalPERS (Check all that apply)

☐ Never Been a CalPERS Member ☐ Previous Member*
☐ Current Member* ☐ Retired Member*

*Note: Employee must complete the [CalPERS Member Reciprocal Self-Certification Form](#)

If previous or current member, are your funds still on deposit? ☐ Yes ☐ No If retired member, please indicate your CalPERS retirement date:

EMERGENCY CONTACT INFORMATION

Name: Relationship:

Home Phone: Work Phone: Mobile Phone: Email (Not Required):

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Street: City: State: Zip:

Employee
Signature:


Date: