

SAVANNAH STATE UNIVERSITY
Office Of Human Resources
P. O. Box 20601
Savannah, GA 31404

Personal Data Sheet

Employee Name: _____ SSN#: _____

Employee date of Birth: ____/____/____ Telephone Number: _____

Sex: ____M____F Marital Status: ____Single____Married____Widowed____Divorced

Employee Address: _____
Number Street Apt#

City State Zip Code

Department: _____ Position: _____

Date of Employment: ____/____/____
Month Date Year

Ethnic Group:

American Indian/Alaskan Native Asian Black/African American Hispanic/Latino
Multi-Racial Native Hawaiian/Other Pac Island White Other

Education:

	Name	Highest Year Completed	Degree Received
Middle School:	_____	_____	_____
High School:	_____	_____	_____
Technical School:	_____	_____	_____
College/University :	_____	_____	_____
Graduate School:	_____	_____	_____

Do You have any previous employment with the University System of Georgia

Yes No

If yes, institution: _____ Date last Worked: _____

In Case of Emergency, Notify: _____

Address: _____ Telephone#: _____

City State Zip Code

Date: _____ Signature: _____