



**University of Maryland Biotechnology Institute  
Appointee Information Form**

**Personal Information (PLEASE PRINT)**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Gender:  Male  Female  
 Email Address: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

<b>Ethnicity:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American (Not of Hispanic Origin) <input type="checkbox"/> Hispanic/Latin American <input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> Undeclared/Unknown	<b>Military Status:</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Retired	<b>Disabling Condition:</b> <input type="checkbox"/> No Disability <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Other	<b>Citizenship:</b> <input type="checkbox"/> U.S Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Pending Permanent <input type="checkbox"/> Asylum/Refugee Applicant <input type="checkbox"/> Other
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Retired from State:  Yes  No  
 Citizenship/Visa Status \_\_\_\_\_ Citizenship Country: \_\_\_\_\_  
 I-94/Work Authorization or Permanent Resident # \_\_\_\_\_ Expire date: \_\_\_\_\_

**Educational Information**

<b>Highest Level of Education:</b> <input type="checkbox"/> Less than 7 <sup>th</sup> Grade <input type="checkbox"/> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> Grade Completed <input type="checkbox"/> 10 <sup>th</sup> 11 <sup>th</sup> Grade Completed <input type="checkbox"/> High School Graduate or GED				<input type="checkbox"/> Some Business College Trade (HS Graduate) <input type="checkbox"/> Associate Degree Earned <input type="checkbox"/> Bachelor's Degree Earned <input type="checkbox"/> Some Graduate Study		<input type="checkbox"/> Adv Graduate Specialist (AGS) <input type="checkbox"/> Master's Degree Earned <input type="checkbox"/> Doctoral Degree Earned <input type="checkbox"/> First Professional Degree Earned	
Institution Name & State		Major		Degree	Date (yyyy/mm)		

**Current Educational Enrollment:** (only complete if currently enrolled in educational program)

Undergraduate  Graduate  Doctoral  Other, Explain: \_\_\_\_\_

Institution Name & State	Major & Program	Anticipated Graduation Date (yyyy/mm)

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_