



PERSON OF INTEREST (POI)

PERSONAL DATA FORM

*This form should **ONLY** be used for Non-Tax Levy Employees who have a need for entry into CUNYFirst.

GENERAL INFORMATION	_____ Prefix _____ Last Name _____ First Name Middle Name	CONTACT INFORMATION	_____ Address Apt # _____ City State Zip () () Home Telephone # Work Telephone #
PERSONAL INFORMATION	_____ Social Security Number (xxx-xx-xxxx) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Date of Birth (MM/DD/YYYY)	ETHNICITY	Please check the category that is most appropriate to your background: <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> Hispanic (of any race) <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Italian American
MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed	VETERAN STATUS	<input type="checkbox"/> Veteran – other than Vietnam <input type="checkbox"/> Veteran – Vietnam <input type="checkbox"/> No Military Service
EMERGENCY CONTACT 1	_____ Last Name First Name _____ Address Apt # _____ City State Zip () () Home Telephone # Cell Phone #	EMERGENCY CONTACT 2	_____ Last Name First Name _____ Address Apt # _____ City State Zip () () Home Telephone # Cell Phone #
EDUCATIONAL DATA	Highest Educational Level: <input type="checkbox"/> High School Diploma or Equivalency <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate's Degree	JOB INFORMATION	_____ Department Start Date End Date _____ Title Supervisor _____ Employee's Signature Date _____ FOR HUMAN RESOURCES USE ONLY _____ POS # CUNYFIRST Entry By Date