

**Department of Medicine
PERSONAL INFORMATION FORM**

For Non Clinical Officers of Instruction (OOI), Officers of Research (OOR) Postdoctoral Research Scientists and Staff Associates

PART I – TO BE COMPLETED BY EMPLOYEE

Full Legal Name _____ Gender: Female Male

Last First Middle

Social Security Number: _____ Date of Birth: MM/DD/YYYY

Marital Status: Single Married Divorced Separated Widowed Marital Status Date: MM/DD/YYYY

Have you any prior affiliation with: Columbia University Department _____

Ethnicity: White Black/African American Hispanic/Latino Asian American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander

Citizenship Status: USA Citizen Permanent Resident – A#: _____ Visa Holder

Visa Type: _____ Expiration Date: MM/DD/YYYY Country of Citizenship: _____

USA Home Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

Email: _____ Fax: _____

Emergency Contact Name: _____

Relation: _____ Contact Phone: _____

PART II – TO BE COMPLETED BY DIVISION ADMINISTRATION

Division: _____ Unit: _____

Status: FT PT Eff. Date: MM/DD/YYYY End Date: MM/DD/YYYY

CU Title: _____ Non-Department Affiliation: _____

Position Supervisor: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

Compensation: CU Salary None

Base: \$ _____ AddComp1: \$ _____ AddComp2: \$ _____

