



General Information Form

Please Print

Name _____ Date ____/____/____
Last First (full name) Middle

UGA ID# ____-____-____ Email Address _____

UGA MyID _____

Local _____ Permanent _____
Street Address Street Address

City State Zip Code City State Zip Code

Local Phone () _____ Permanent Phone () _____

Date of Birth ____/____/____ Sex M ____ F ____ Citizen of _____

Visa Type (Circle) F1 J1 J2 Other _____ Expiration Date _____

Race: () White (including middle eastern) () African American () Asian (including Indian continent)
() American Indian/Alaska Native () Native Hawaiian/Other Pacific Islander

Marital Status (circle) Single Married Spouse's Name _____
Highest Degree _____ Institution where Obtained _____

Are you currently enrolled at UGA? (Circle) YES NO

Have you ever been employed by another department at UGA? (Circle) YES NO
If YES, most recent department _____ Last date worked _____

My signature indicates that the above information is true and complete to the best of my knowledge.

Employee Signature Date

*****To Be completed by Supervisor*****

Effective Date ____/____/____ Hourly Rate \$ _____

Employee Status (Circle) Student P/T-Temporary

Position title: _____ Account Number _____

Supervisor Signature Date