

EDUCATIONAL ASSISTANT PERSONNEL RECORD

PERSONAL INFORMATION - Give legal name as it appears/will appear on your U.S. Social Security card. The name, including all letters and spaces, must be 50 characters or less.

Last Name:		First Name:		Middle Name:	
Social Security Number:	UMID:	Department:		Date Prepared:	

STATUS

Do you have a previous University of Michigan affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list type of affiliation:
Affiliation Begin Date:	Affiliation End Date:	Name while affiliated:

EDUCATION

Institution Name and Location:	Undergraduate <input type="checkbox"/>	Year From:	Year To:	Field of Study:	Degree:	Year Graduated:
	Graduate/Professional <input type="checkbox"/>					
Institution Name and Location:	Undergraduate <input type="checkbox"/>	Year From:	Year To:	Field of Study:	Degree:	Year Graduated:
	Graduate/Professional <input type="checkbox"/>					
Institution Name and Location:	Undergraduate <input type="checkbox"/>	Year From:	Year To:	Field of Study:	Degree:	Year Graduated:
	Graduate/Professional <input type="checkbox"/>					
Institution Name and Location:	Undergraduate <input type="checkbox"/>	Year From:	Year To:	Field of Study:	Degree:	Year Graduated:
	Graduate/Professional <input type="checkbox"/>					
Institution Name and Location:	Undergraduate <input type="checkbox"/>	Year From:	Year To:	Field of Study:	Degree:	Year Graduated:
	Graduate/Professional <input type="checkbox"/>					

EXPERIENCE RELATIVE TO POSITION:

Employer:	City:	State:	Title/Responsibilities:	Year From:	Year To:

EMERGENCY CONTACT/CERTIFICATION:

Person to be contacted in case of emergency:	Telephone:
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Certification: I certify that the answers on this document are true to the best of my knowledge. I realize that all the information furnished by me is important and that the University will rely on such information in engaging me and in continuing my appointment. I also realize that this information may be verified by the University and that any misrepresentation of facts may constitute cause for dismissal. In this connection I authorize all previous employers to cooperate with the University and to release on a confidential basis any information they may have concerning me. I agree to abide by all University rules and regulations.

Signature of Appointee:	Date:
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The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding non-discrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity, and Title IX/Section 504/ADA Coordinator, Office of Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388.