

SEP PERSONAL DATA SHEET

Revised 3/2021

THE ENTIRE FORM MUST BE COMPLETED

NAME (Last, First, Middle Initial)			
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
- -			
GENDER			
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
ADDRESS			
CITY		STATE	
PHONE NUMBER/TYPE (check preferred)		E-MAIL ADDRESS/TYPE (check preferred)	
() <input type="checkbox"/> Home () <input type="checkbox"/> Cellular () <input type="checkbox"/> Other		_____ <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
EDUCATIONAL LEVEL		MARITAL STATUS	
<input type="checkbox"/> Less than HS Grad <input type="checkbox"/> Some Grad School <input type="checkbox"/> HS Grad or Equivalent <input type="checkbox"/> Master's Degree <input type="checkbox"/> Some College <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Technical School <input type="checkbox"/> Doctorate (Prof) <input type="checkbox"/> 2 Year College <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced AS OF DATE: _____ (REQUIRED) (month/day/year)	
MILITARY STATUS			ETHNICITY (please specify)
<input type="checkbox"/> No Military Service <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Active Reserve <input type="checkbox"/> Special Disabled Vietnam Veteran <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Veteran (VA Ineligible) <input type="checkbox"/> Retired Military <input type="checkbox"/> Veteran of the Vietnam ERA			_____
EMERGENCY CONTACT INFORMATION			
NAME			
ADDRESS			
PHONE NUMBER(S)			
RELATIONSHIP			

SEP Applicant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____