

**UNDERGRADUATE/GRADUATE
PERSONNEL EMPLOYMENT INFORMATION**

UNIVERSITY OF SOUTH CAROLINA, SCHOOL OF MEDICINE

*Information you provide on this form will be placed in your personnel file in the
USC School of Medicine, Dean's Office, and will be held in strict confidence.*

Please Print

Name:

Social Security Number:

Home Address:

Street

City

State

Zip Code

Home Phone:

Local Address:

(If different from home address) Street

City

State

Zip Code

Local Phone:

(If different from home phone)

Date of Birth:

Marital Status:

Gender:

Race:

Emergency Contact:

Phone:

College in which you are enrolled:

Job Title:

Supervisor's Name:

E-mail:

Employee's Signature

Date