



The University of Michigan
Educational Assistant Personnel Record

Date _____

Identifying Information

Last Name _____ First _____ Middle _____

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.

U.S. Social Security # _____

UMID (if known) _____

Do you have a previous University of Michigan affiliation? Yes No

If so, give type of affiliation, dates, and name while affiliated _____

Education

	Name and Location of School	Years		Field of Specialization	Degree	Year Graduated
		From	To			
Undergraduate:						
Graduate or Professional:						

Experience Relative to Position:
 Dates, Employer, Responsibilities

Emergency Contact/Certification

Person to be contacted in case of emergency _____ Telephone (_____) _____

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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