

# 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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