

## Personal Data Form

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### Personal Identification

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Last Name: \_\_\_\_\_ McGill ID: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Names: \_\_\_\_\_

Pref. First Name: \_\_\_\_\_ Birth/Maiden Name: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_ Gender: M / F \_\_\_\_\_ SIN: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Language of Correspondence: \_\_\_\_\_

Home Address Line 1: \_\_\_\_\_

Home Address Line 2: \_\_\_\_\_

Home Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_ Nation: \_\_\_\_\_

Home Telephone Number 1: \_\_\_\_\_ 2: \_\_\_\_\_

Office Telephone Number 1: \_\_\_\_\_ 2: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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### Emergency Contact(s) Information

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Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address Line 1: \_\_\_\_\_

Home Address Line 2: \_\_\_\_\_

Home Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_ Nation: \_\_\_\_\_

Telephone Numbers 1: \_\_\_\_\_ 2: \_\_\_\_\_

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### Citizenship/Mother Tongue

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Mother Tongue: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Visa Type (If Not a Canadian Citizen): \_\_\_\_\_

Employment Auth. No.: \_\_\_\_\_ Start Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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### Education

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University/CEGEP: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Discipline: \_\_\_\_\_ University Degree: \_\_\_\_\_

Province/State: \_\_\_\_\_ Nation: \_\_\_\_\_

University/CEGEP: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Discipline: \_\_\_\_\_ University Degree: \_\_\_\_\_

Province/State: \_\_\_\_\_ Nation: \_\_\_\_\_

University/CEGEP: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Discipline: \_\_\_\_\_ University Degree: \_\_\_\_\_

Province/State: \_\_\_\_\_ Nation: \_\_\_\_\_

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### Employment Immediately Prior to Joining McGill

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Employer Type: \_\_\_\_\_ Company/Institution: \_\_\_\_\_

Province/State: \_\_\_\_\_ Nation: \_\_\_\_\_

Job Title: \_\_\_\_\_