PERSONAL INFORMATION FORM

BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN SCIENCE ASSOCIATES

OFFICE OF SCIENTIFIC PERSONNEL

Building 185A
P.O. Box 5000
Upton, NY 11973-5000

TEL: 516-344-3336
FAX: 516-344-2476

Please read the following instructions and complete the sections that apply to you.

All appointees will be required to sign a patent agreement upon arrival at the Laboratory. If any difficulty is anticipated in respect to this, it is the responsibility of the individual to resolve the matter before arrival.

Please indicate, under item 12, from whom this form was obtained.

Candidates for Research Staff positions who are affiliated with other institutions, or who are under consideration for Consultant Agreements, need to enter their current salary/income in item 8.

1. NAME _____
   Last First Middle

2. ADDRESS _____
   Number Street City State Zip Code

3. BUSINESS TELEPHONE _____ HOME TELEPHONE _____
   Area Code Number Area Code Number

   _____
   E-Mail Address

4. ARE YOU UNDER 18 YEARS OF AGE? ❑ YES ❑ NO 5. SOCIAL SECURITY NO. _____

6. TO BE COMPLETED BY NON-U.S. CITIZENS:

   a. PLACE OF BIRTH (City) _____ (Country) _____

   b. DATE OF BIRTH _____ c. CITIZENSHIP _____
   month/day/year

   d. TYPE OF U.S. VISA YOU INTEND TO APPLY FOR _____
   (This information form does not constitute an application for a visa. J-visa applicants, see item 12.)

   e. PASSPORT NUMBER AND EXPIRATION DATE _____

   f. TYPE AND EXPIRATION DATE OF ANY CURRENT U.S. VISA STAMPS _____

   g. TYPE AND EXPIRATION DATE OF ANY CURRENT U.S. IMMIGRATION STATUS _____

7. NAME AND ADDRESS OF PRESENT AFFILIATION _____

   _____

   YOUR TITLE _____ DATE EMPLOYED _____

8. CURRENT SALARY/INCOME PER MONTH IN U.S. DOLLARS _____

BNL F 1230 P 3/98

9. HIGHER EDUCATION Institution Degree Date Granted Major

10. STATE NATURE OF PREVIOUS APPOINTMENTS AT BROOKHAVEN NATIONAL LABORATORY OR THE U.S. DEPARTMENT OF ENERGY.

11. TO DETERMINE HOUSING ASSIGNMENT AND TRAVEL ALLOWANCES, PLEASE INDICATE THE NUMBER OF ACCOMPANYING FAMILY MEMBERS.

12. ADDITIONAL INFORMATION (For each accompanying family member, J-visa applicants must state name, date and place of birth, relationship to applicant, citizenship, and passport number/country/expiration date. J-1 visa applicants must also state, in U.S. dollars, the approximate amount and source of all financial support other than from Brookhaven that will be received per month during the Brookhaven appointment.)

I declare that my answers to the questions and the statements made by me on this form are true and without consequential omissions of any kind.

Date

Signature