

The Office of Human Resources would like to thank you for taking the time to complete this simple survey. The information provided will be used to ensure our records are accurate.

Name: _____

Social Security #: _____

Do you speak any language other than English?			
Language	Native Language	Can you translate?	How well can you: (none, low, moderate, high)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

What is your highest educational level?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> High School Diploma or Equivalent | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Associates | <input type="checkbox"/> Bachelors |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Doctorate |

Name of College or University: _____

Graduation Year/Attendance: _____

Major: _____

Licenses /Certifications	Governing Body	Registration # (if any)	Expiration Date
<input type="checkbox"/> PHR			
<input type="checkbox"/> SPHR			
<input type="checkbox"/> RN			
<input type="checkbox"/> CPA			
<input type="checkbox"/> RHIT			
<input type="checkbox"/> RHIA			
<input type="checkbox"/> CEBS			
<input type="checkbox"/> GA. BAR			
<input type="checkbox"/> POST			
<input type="checkbox"/> OTHER			

