



Department of Human Resources  
 South Hall, Room 106  
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Bronx Community College  
 of The City University of New York  
 2155 University Avenue  
 Bronx, New York 10453

### Person of Interest Personal Data Form

Please check one that applies: **Type of Action:** New POI or **Data Changed in Section(s):** A B C

**Section A: Personal Data (Please print or type)**

**Name:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Highest Education Level:** \_\_\_\_\_

**Employment Category:** Admin. Supervisor Teaching

(Please check all that applies)

**POI Type:** Research Foundation (RF) Retiree Other (Please describe) \_\_\_\_\_

**Business E-Mail Address** \_\_\_\_\_ **Business Phone Number** \_\_\_\_\_

**Name of Organization/Institution Where Employed** \_\_\_\_\_

Were you ever or are you employed by The City University of New York? Yes No

If yes, in what title and where: \_\_\_\_\_

Were you ever or are you a student registered within The City University of New York? Yes No

**Section B: Executive Officer/Head of Office/Supervisor MUST complete this section**

**POI's Appointment Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Business Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Supervisor's E-Mail Address:** \_\_\_\_\_

**Supervisor's Work Address (and Department):** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section C: Emergency Contact Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----For Office of Human Resources Use Only (New POI)-----

Position Number: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CUNYfirst EMPLID: \_\_\_\_\_  
 Action: "Add Person Of Interest" Action Reason-POI Type: Research Foundation Volunteer Intern Other Payee