

**College of Environmental Design
Landscape Architecture & Environmental Planning
University of California, Berkeley**

Employee Information

Name _____ Male Female
(Last) (First) (Middle)

Local Address: _____
(Number, Street, Apt. or PO) City State Zip

Home Phone _____ Email Address _____

Birthdate _____ Social Security No. _____ Student ID No. _____

U.S. Citizen? Yes No

Visa Status _____ Date Entered U.S. _____ Country of Residency _____

Perm. Address _____
(If different from local address) (Number, Street, Apt. or PO) City State Zip

Registered Graduate Student Registered Undergraduate Student Not Registered

Units this Semester _____ Highest Degree Held _____ Year Obtained _____

Previous Employment

UC Experience? Yes No From _____ To _____

Department _____ Contact Person _____

Outside UC _____

Phone No. _____ Contact Person _____ From _____ To _____

Emergency Information

Name _____ Phone Number _____

Address _____

Doctor/Service Name _____ Phone Number _____

Signature of Applicant _____ Date _____