TERADYNE/LITEPOINT
EMPLOYEE PERSONAL INFORMATION SHEET

Employee Name: _____   _____   _____
                              Last   First   Middle Initial

Employee Number: _____   Gender: _____   Social Security Number: _____   Date of Birth: _____

Address: _____   City _____   State _____   Zip Code _____

Home phone number _____   Cell phone number _____   Personal email address _____

Dependent/Beneficiary/Emergency Contact information:
ALL EMPLOYEES MUST NAME AN EMERGENCY CONTACT
Social Security number is required for all covered dependents

Name	DOB	Relationship	Gender M/F	Social Security number	Emergency Contact Y/N	Emergency Contact Phone Number

EDUCATION: (list all schools attended)

School _____   Yr. Grad _____   Degree Rec'd_____Major _____

School _____   Yr. Grad _____   Degree Rec'd_____Major _____

School _____   Yr. Grad _____   Degree Rec'd_____Major _____

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EMPLOYEE PERSONAL INFORMATION SHEET

NAME: _____   **EMPLOYEE NUMBER** _____

ETHNIC ORIGIN:

American Indian or Alaska Native ☐   Hispanic or Latino: ☐   Asian: ☐   White: ☐

Black or African America: ☐   Two or More Races: ☐   Native Hawaiian/Other Pacific Islander: ☐

CITIZENSHIP STATUS:

US Citizen: ☐   Alien Temp: ☐   Perm Resident: ☐

Work Authority Expiration Date: _____

Citizenship Country: _____

Effective date of Citizenship*: _____

Do you have or have you had in the past citizenship in more than one country? Yes ☐   No ☐

If yes what country: _____

What is effective date of Citizenship in that Country*? _____

If applicable what date did citizenship end? _____

Do you have or have you had citizenship in more than two countries? Yes ☐   No ☐

If yes what country: _____

What is effective date of Citizenship in that Country*? _____

If applicable what date did citizenship end? _____

*effective date may be equal to date of birth