

Name _____ Degree _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Pager/cell _____ email _____

Citizen? yes No (check below and provide a readable photocopy of your current visa)
 Perm Res H1 J1 Other(specify) _____
Visa Number: _____
Expiration Date _____ Date of Entry _____
Citizen of(country) _____ Born in(country) _____

Employer VA UW SIBCR FHCRC Other (specify) _____

Initial Appointment Dates From _____ To _____ VA IPA WOC Other

VA PI/Supervisor Name _____

Workplace Bldg _____ Rm _____ Phone Ext. _____ VA Pager _____ email _____

- Work Involves
- Human use
 - Animal use
 - Laboratory
 - Biohazards
 - Radiation/Radioactive Materials
 - Laser exposure
 - CPRS Access

Your Position Title will be _____

Work Schedule Full Time Part Time Normal Hours _____

Emergency Contact:

Name _____ Relationship _____

Day Location _____

Day Phone _____ Other Phone _____

Any medical conditions we should be aware of? (optional) _____