



PERSONAL DATA FORM
 NORTH DAKOTA COURT SYSTEM
 (6-2022)

This form must be completed and submitted at least one week prior to your employment start date. This information is a prerequisite step to allow you access to complete your required new hire paperwork and onboarding process online on your first day of employment. Late receipt of this form may delay your start date.

NAME HISTORY

Prefix <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	
Legal Name (First, Middle Initial, Last)	Suffix
Preferred Name (If different from Legal Name)	Date Completed Form

BIOGRAPHIC INFORMATION/HISTORY

Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Highest Education Level		
<input type="checkbox"/> Less than HS Degree	<input type="checkbox"/> Doctorate-Professional	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Technical School	<input type="checkbox"/> HS or Equivalent	<input type="checkbox"/> Post-Doctorate
<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> 2-Year Degree	<input type="checkbox"/> Some College
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate-Academic	

NATIONAL ID

Social Security Number	NOTE: Employee name and social security number must match <u>exactly</u> what is on his or her social security card. In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number. Payment may be withheld if SSN not provided.
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ADDRESS HISTORY

Address 1			
Address 2			
City	County	ZIP Code + 4	State
Telephone Type 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other - Specify		Telephone Number (including area code)	
Telephone Type 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other - Specify		Telephone Number (including area code)	

REGIONAL

Ethnic Group <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Other Pacific Island	<input type="checkbox"/> Other - Specify: _____
<i>The State of North Dakota cannot mandate you to identify your race/ethnicity. However, if you choose not to designate an ethnic group by leaving this section blank, the State is required by Federal law to determine your race by visual survey or other available information.</i>					
Military Status (Optional)					
<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Not Indicated	<input type="checkbox"/> Pre-Vietnam-Era Veteran	<input type="checkbox"/> Veteran of the Vietnam Era		
<input type="checkbox"/> Inactive Reserve	<input type="checkbox"/> Other Protected Veteran	<input type="checkbox"/> Retired Military	<input type="checkbox"/> Vietnam & Other Protected Veteran		
<input type="checkbox"/> No Military Service	<input type="checkbox"/> Post-Vietnam-Era Veteran	<input type="checkbox"/> Veteran (VA ineligible)	<input type="checkbox"/> Vietnam-Era Veteran		
<input type="checkbox"/> Not a Veteran					

Have you previously been employed by the State of North Dakota or a ND Higher Education college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify entity (if within the last year)

Please print this form to a PDF and attach it to an email and send it to JBachmeier@ndcourts.gov. If you have problems submitting this form, please contact Jody Bachmeier at (701) 328-4219.