

**BOROUGH OF MANHATTAN COMMUNITY COLLEGE
OFFICE OF HUMAN RESOURCES**

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 INFORMATION *(Please print or type)*

Name _____ **Marital Status** _____ **Gender** _____
Prefix First Middle Last Suffix

Home Address _____ **Apt. No.** _____ **City** _____ **State** _____ **Zip** _____

Home Phone Number (____) _____ **Social Security Number** (____) _____

Date of Birth ____/____/____ **Highest Education Level** _____

Employment Category: Admin. ☐ Supervisor ☐ Teaching ☐
(Please check all that applies)

Check If : 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 (EO)/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 _____ **Phone** _____

Address _____ **Apt. No** _____

City _____ **State** _____ **Zip** _____ **Relationship** _____

POI's Signature _____ **Date** _____

PLEASE CONTACT THE OFFICE OF HUMAN RESOURCES AT BMCC BY EMAIL
officeofhumanresources@bmcc.cuny.edu OR CALL (212) 220-8300 IF THE ABOVE INFORMATION
CHANGES.

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

Position Number _____ **Effective Date** ____/____/____ **CUNYfirst Employee No.** _____

Action: "Add Person Of Interest"

Action Reason-POI Type: Research Foundation ☐ Volunteer ☐ Intern ☐ Other Payee ☐