

# Personal History Form

Return this form to:  
SIUE, Graduate Admissions, Box 1047, Edwardsville, IL 62026.

TERM/YEAR FOR WHICH YOU ARE APPLYING: \_\_\_\_\_ DATE: \_\_\_\_\_

GRADUATE PROGRAM FOR WHICH YOU ARE APPLYING: \_\_\_MBA \_\_\_MS/CMIS \_\_\_MSA \_\_\_MMR \_\_\_MS/ECFI

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

## EMPLOYMENT HISTORY

Total Number of Years of Post-Undergraduate Work Experience: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ POSITION/RANK: \_\_\_\_\_

\_\_\_\_\_ BEGINNING DATE: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

NAME OF EMPLOYER	DATES EMPLOYED	POSITION HELD
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## EDUCATIONAL BACKGROUND

NAME OF COLLEGE OF UNIVERSITY ATTENDED	DATES ATTENDED	DEGREE
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