PERSONAL INFORMATION SHEET

(THIS FORM MUST BE COMPLETED IN ITS ENTIRETY)

EMPLOYEE TYPE: □ ADMINISTRATOR/STAFF □ FULL TIME FACULTY □ ADJUNCT FACULTY

_____ _____ _____

FULL NAME PREFERRED NAME S.S. #

_____ _____ _____ _____

ADDRESS (DO NOT USE P.O. BOX) CITY STATE ZIP CODE

_____ _____ _____ _____ _____

HOME PHONE CELL PHONE GENDER DATE OF BIRTH EMAIL ADDRESS

MARITAL STATUS: □ SINGLE □ MARRIED

ETHNICITY: □ HISPANIC OR LATINO □ NOT HISPANIC OR LATINO

RACE (CHECK ALL THAT APPLY):

□AMERICAN INDIAN □ASIAN OR OTHER PACIFIC ISLANDER □BLACK OR AFRICAN AMERICAN □NATIVE HAWAIIAN OR ALASKAN NATIVE □WHITE

VETERAN STATUS:

□ARMED FORCES SERVICE MEDAL VETERAN

□SPECIAL DISABLED VETERAN

□RECENTLY SEPARATED VETERAN (PLEASE INDICATE DATE OF SEPERATION)

□OTHER PROTECTED VETERAN (INCLUDING VIETNAM ERA VETERAN)

□NOT A VETERAN

EMERGENCY CONTACT INFORMATION (REQUIRED):

_____ _____

NAME RELATIONSHIP

_____ _____ _____ _____

ADDRESS CITY STATE ZIP CODE

_____

DAYTIME PHONE

CAMPUS LOCATION:

BUILDING: _____

ROOM NUMBER: _____

WORK TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____