



PERSONAL INFORMATION FORM

First Name: _____ MI: ____ Last Name: _____

SSN: _____

Home Tel #: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Address: _____ Home Telephone #: _____

Work Telephone #: _____

Other Telephone #: _____

Additional Information:

New faculty and staff are requested to complete this information. The information is essential for various types of reporting requirements.

Gender:

- Male
 Female

EEO Codes:

- White (non-Hispanic)
 Black (non-Hispanic) or African American
 Hispanic or Latino
 Asian
 American Indian or Alaskan
 Native Hawaiian or Other
 Two or more races

Signature: _____ Date: _____