

FOR DEPARTMENT USE ONLY

Employee's Office Mailing Address and Phone

STREET		BUILDING/ROOM	
CITY	STATE	ZIP CODE	PHONE

Legal Name: _____

LAST
FIRST
MIDDLE
SUFFIX

Note: Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.

University 10-Digit ID #: _____ **Last 4 Digits of Social Security Number:** _____

Home Mailing Address (if different from Home Address):

STREET			APT #
CITY	STATE	ZIP CODE	COUNTY

Foreign Address (Required for International Employees):

STREET			APT #
CITY/TOWN	PROVINCE/STATE/COUNTRY	COUNTRY	ZIP CODE

Emergency Contact

Name: _____

LAST
FIRST
MIDDLE
SUFFIX

Address: _____

STREET		APT #
CITY	STATE	ZIP CODE
PHONE	TYPE (HOME, CELL, WORK)	

Prior Work Experience

Dates of Employment From/To	Employer	City	State	Country	Ending Position Title

Professional Education (list all colleges and universities attended)

Degree	Major	School	Completion Date	State	Country

Licenses and Certifications

License	License #	Issued By	Issue Date	Expiration Date

Honors and Awards

Honor or Award	Grantor	Issue Date

Major Publications (attach a complete bibliography to this form)

Membership and offices in professional and other organizations: _____

Educational or public institutions of which you are a director or trustee: _____

Have you ever been convicted of a felony? Yes No

Central Offices: The information from this section is kept in hard copy format in central files only.

I certify that all information given on this form is true. I understand that any false statement made herein or omission of convictions or current criminal charges is sufficient reason for rejection of my employment. I further authorize the University to investigate all information provided on this form. I authorize such educational institutions, employers, and others (and their agents or employees) to respond to questions concerning information given on this form and I further release from liability such former employers, institutions, or persons providing such information to the University. I understand that my employment is contingent on the University receiving verification of my credentials and other information required by law.

Employee Signature: _____ **Date:** ____/____/____