



WAGNER COLLEGE

PERSONAL DATA FORM

PERSONAL INFORMATION

Name: _____ SSN: _____
Last First MI

Date of Birth: _____ Place of Birth: _____
Mo/Day/Year Country

Sex: Female Male Marital Status: Single Married Divorced Widow Domestic Partner

Spouse/Partner: _____
Last First MI

PERMANENT MAILING ADDRESS (FOR COLLEGE CORRESPONDENCE AND PAYROLL)

Street Address _____
City _____ State _____ Zip Code _____ County _____
Home Telephone _____ Cell Telephone _____ E-Mail _____

CAMPUS MAILING ADDRESS (FOR COLLEGE DIRECTORY AND MAILING)

Job Title _____ Department Name _____
Building _____ Floor _____ Room Number (if applicable) _____
Office Extension _____ Fax Number _____ E-Mail _____

ETHNICITY AND RACE (NEEDED FOR IPEDS REPORTING)

Are you Hispanic/Latino? (Hispanic/Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Yes No

Select **one or more races** from the following five racial groups.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

EMPLOYMENT ELIGIBILITY

Are you eligible to be employed in the United States? Yes No

U.S. Citizen? Yes No Resident Alien? Yes No

Visa Type: F-1 J-1 H-1 Other _____
Alien Registration Number Expiration Date

EDUCATION

Highest Education Level/Degree:

High School/GED Associate Bachelor Master Ph.D. Other Doctorate

Major Field _____ Name of Institution _____ Year _____

Certificates/Permits/Professional Licenses:

Document Name _____ Name of Institution _____ Year _____

Document Name _____ Name of Institution _____ Year _____

AFFILIATIONS

Union: _____

Associations: _____

Are you a member of the military service? Yes No Reservist Status: Active Ready Retired Inactive

Rank: _____ Branch: _____

EMERGENCY CONTACT

Primary: _____ Relationship: _____
Last First MI

Home/Work Telephone _____ Cell Telephone _____ E-Mail _____

Secondary: _____ Relationship: _____
Last First MI

Home/Work Telephone _____ Cell Telephone _____ E-Mail _____

I certify that the information I have given is true and correct to the best of my knowledge.

Signature _____ Date _____

For HR Office Use Only

Date of Hire Employee ID# Assignment Code