

Employee Information Form

Personal Information (Please Print)		
Gender: <i>(check one)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	Today's Date:	
First Name and Middle Initial:	Last Name:	
Home Address (Permanent Address):	WVU ID#:	
City:	State:	Zip code:
Birth date:	Home Phone:	
WVU Email:		
Educational <i>(if none please leave blank)</i> : Highest college degree attained: _____ Year: _____		
Marital Status: <i>(check one)</i> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed	Nationality: <i>(check one)</i> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	

Employment Information	
What is your ethnicity? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more races to indicate what you consider yourself to be. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White	
Current Military Service: <input type="checkbox"/> Military Reserves <input type="checkbox"/> National Guard	
Place of Employment/ Department Name:	Scheduled Start Date:

Emergency Contact Information		
Contact First Name and Middle Initial:	Contact Last Name:	
Gender: <i>(check one)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female		
Contact Home Address:		
City:	State:	Zip code:
Contact Home Phone:	Contact Work Phone:	