

William Woods University
Employee Information Form

The following information is requested of all personnel. PLEASE PRINT and return to Business Services.

Name: _____
Legal First Name Preferred First Name MI Last Name

Social Security No: _____

Home Address: _____
Street Address Apt # if applicable

City State Zip Code

Home Phone: (____) _____ **Date of Birth:** ____/____/____ **Sex:** male female

WWU Address: _____ **WWU Phone:** _____
Building Office Room #

In which of the following groups do you classify yourself:

- White, non-Hispanic Black, non-Hispanic Asian or Pacific Islander
 American Indian or Alaskan Native Hispanic Other _____

Marital Status: Single Married Divorced

In an emergency, notify:

Name: _____ **Relationship:** _____

Address: _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Highest Degree Held: _____ College/University _____

Other Degree(s) please list degree and institution: _____

Degrees in progress with anticipated completion date. Please list institution: _____

The information I provided above is complete and true to the best of my knowledge. I will notify the Payroll Office of any change in my home address or telephone number.

Signature

Date

Adjunct Faculty:

Program of facilitation: Education Business

Email addresses: Work: _____ **Home:** _____

Employer: _____ **Position:** _____

Work phone :(____) _____ **Cell phone:** () _____ **Work fax:** (____) _____

