

William Woods University Student Employee Information Form

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

Name: _____ Social Security No: _____
Legal First Name Preferred First Name MI Last Name

Home Address: _____
Street Address City State Zip Code

Cell Phone: (_____) _____ Date of Birth: _____ Sex: _____

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 _____

Please indicate the University department(s) you hold positions in:

___ Phonathon ___ Summer Riding Program ___ Mentor-Mentee
___ Work Study ___ Holiday Employment ___ Summer Employee
___ Other Dept: _____ Dept: _____
___ University Ambassadors ___ Freshman Advantage ___ Connections

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

William Woods University is an Affirmative Action, Equal Opportunity Employer.