

# MORAVIAN COLLEGE | PERSONAL DATA FORM

Please Print or Type

## EMPLOYEE DATA

Mr./ Mrs./ Ms./ Miss./ Dr./ Rev./ Rev. Dr.

(Check appropriate title)

(Employee Name: First/Middle/Last)

Preferred Name:

Social Security #:

Legal Address:

Home Email:

City/State/Zip:

Date of Birth

Home Phone #:

Cell Phone #:

**GENDER:** Please mark the appropriate box. ☐ Male ☐ Female

### RACE / ETHNICITY:

1. Are you Hispanic or Latino? ("Hispanic or Latino" is defined to mean a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ Yes ☐ No

2. Are you from any of the following racial groups? (Check all that apply.)

☐ American Indian/ Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian / Pacific Islander ☐ White

### MILITARY SERVICE:

1. Are you a Veteran? ("Veteran" is defined to mean a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.)

☐ Yes ☐ No

2. If yes, of which branch? (Please check one.)

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy ☐ Other \_\_\_\_\_

## SPOUSE / PARTNER / SIGNIFICANT OTHER INFORMATION (If applicable, list personal data.)

Name:

Birth Date:

SS#:

## EMERGENCY CONTACT INFORMATION

Name:

Name:

Phone #:

Phone #:

Relationship:

Relationship:

## DEPENDENT INFORMATION (If more room is necessary, please us back side of page.)

Dependent Child

Date of Birth

Social Security #

## THE FOLLOWING ITEMS RELATE TO BENEFITS ELIGIBLE EMPLOYEES ONLY

### Existing TIAA Annuity Contract Numbers:

Employer Annuity Contract: TIAA-

CREF-

### LONG TERM DISABILITY INSURANCE

Do you have an existing Long Term Disability contract: ☐ Yes ☐ No

If yes, please list your former Employer's Benefits Manager

and contact number: