

MORAVIAN COLLEGE
PERSONAL DATA FORM – Part-time employee/subcontractor

Please Print or Type

EMPLOYEE DATA

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

(Check appropriate title)

(Employee/Subcontractor 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 _____

EMERGENCY CONTACT INFORMATION

Name:

Name:

Phone #:

Phone #:

Relationship:

Relationship:

CAMPUS INFORMATION

Office Phone:

Department: