

ID# _____

**MOUNT VERNON NAZARENE UNIVERSITY
EMPLOYMENT INFORMATION FORM
(TO BE COMPLETED AFTER HIRING – PLEASE PRINT)**

DOH _____

THIS NECESSARY INFORMATION IS COLLECTED BY THE HUMAN RESOURCE OFFICE. IT IS REGARDED AS CONFIDENTIAL AND IS IN NO WAY USED FOR DISCRIMINATING PURPOSES.

DATE _____ ARE YOU AN ALUMNUS OF MNVU? _____

NAME _____ MAIDEN NAME _____

(last) (first) (middle)

NAME (as you would like it listed in the MVNU e-mail/phone extension list)

POSITION/TITLE _____

HOME ADDRESS _____

_____ *(street)* _____ *(city)* _____ *(state)* _____ *(zip)* _____ *(county)*

HOME PHONE _____ / _____ BIRTHDATE _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

RACE: (Please check)

_____ **WHITE (NON-HISPANIC ORIGIN)**

_____ **BLACK or AFRICAN AMERICAN**

_____ **NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**

_____ **AMERICAN INDIAN or ALASKA NATIVE (North, Central, and South America origin)**

_____ **HISPANIC or LATINO (Spanish culture or origin, regardless of race)**

_____ **ASIAN (Far East, Southeast Asia, Indian subcontinent)**

MARITAL STATUS: _____ SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED

NAME OF SPOUSE _____

(last) (first) (middle)

IS SPOUSE AN ALUMNUS OF MVNU? _____ IF YES, MAIDEN NAME: _____

SPOUSE DATE OF BIRTH _____

PLACE OF EMPLOYMENT OF SPOUSE: *(IF EMPLOYED)*

EMPLOYER _____

ADDRESS _____

PHONE _____

NAMES AND BIRTH DATES OF DEPENDENTS:

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ PHONE _____ / _____ - _____

(last) (first) (middle)

HOME ADDRESS _____

BUSINESS ADDRESS _____ PHONE _____ / _____ - _____

I CERTIFY THAT ALL STATEMENTS MADE IN THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, CORRECT. SHOULD ANY OF THE STATEMENTS BE SUBSEQUENTLY PROVED INACCURATE, I UNDERSTAND THE EMPLOYER MAY CANCEL EMPLOYMENT AGREEMENT MADE WITH ME.

Signature _____

DATE _____

MOUNT VERNON NAZARENE UNIVERSITY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DENY EMPLOYMENT OPPORTUNITY ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN OR ANCESTRY.