Personnel Information					
THE CLAREMONT COLLEGES					

Addition

Correction

Deletion

Name:	(Last)	(First)	(Initial)	College:		
ivaille.	(Lasi)	(First)	(IIIIIIai)	College.	College.	
Campus Address:				Department:		
					Male	
Campus Extension:		Title:			Female	
Home						
Address: (Number)	(Stree	et) (City)	(State)	(Zip)	
Do you hold a valid California						
Diver's License: Yes ☐ No ☐ If Yes, Driver's License #:			Home Phone:			
			-	1110111011		
Birth Date:		Name of spouse /Significant other:				
In Case of Emergency	notify.		,			
Name: Address:			Phone:			
Relationship:		Address.		1 110	3116.	
rtelationship.						
Date: Employee Signature			Soc So	oc #		
Date: Soc. Sec #						
Porconal Empil address (if you don't have a CCLI address)						
Personal Email address (if you don't have a CGU address)						