

COLLEGE WORK STUDY STUDENT PERSONAL DATA FORM

Social Security Number: (Copy of Social Security Card required)	Employee ID: (CWID)
Employee Name:	Email Address : (Not Campus Email)
Street Address:	Mailing Address:
City: State: Zip Code:	City: State: Zip Code:
Parish (Residence):	Home Phone () Cell Phone ()
In Case of Emergency Contact:	Contact's Relationship: Phone Number: ()

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____	EEO Information: <table border="1"><tr><td>Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</td><td>In addition, select one or more of the following racial categories to describe yourself: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White</td></tr></table>	Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	In addition, select one or more of the following racial categories to describe yourself: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
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Education Level: (Check highest level)

Doctor Masters Bachelor Professional Degree No. Acad. Cred.

Marital Status: Single Married Widowed Divorced

If Married: Name of Spouse: _____ Date of Birth: _____ Marriage Date: _____

Dependents: (Name) (Date of Birth)

Prior ULM Service? Yes No If Yes, Dates of Service: _____

Prior State of LA. Service? Yes No If Yes, Dates of Service: _____

Current State Service? Yes No

Location: _____

Address if Known: _____

Do you currently work for another department? yes no

Privacy Request:

Please do _____ do not _____ release my home phone and/or address information.

Employee Signature: _____ Date: _____