

GRADUATE COLLEGE WORK STUDY PERSONAL DATA FORM

Social Security Number: (Copy of Social Security Card required)			Employee ID: (CWID)		
Employee Name:					
Street Address:			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Parish (Residence):		Home Phone ()	Work Phone ()		
In Case of Emergency Contact:		Contact's Relationship:	Phone Number: ()		

<p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>Date of Birth: _____</p>	<p>EEO Information:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Do you consider yourself to be Hispanic/Latino?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> </td> <td style="width: 50%; vertical-align: top;"> <p>In addition, select one or more of the following racial categories to describe yourself:</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p> </td> </tr> </table>	<p>Do you consider yourself to be Hispanic/Latino?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>In addition, select one or more of the following racial categories to describe yourself:</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p>
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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: _____

Privacy Request:

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

Employee Signature: _____ Date: _____