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Social Security #:				<u> </u>	RACE
Last Name :					MORE THAN ONE CAN BE SELECTED
First Name :			M.I. :	\	White
Please Circle One:	→ Prefix :	Dr. Mr. Miss	Ms. Mrs.		Black or African American
	→Suffix:	Sr. Jr. Other		1	Native Hawaiian or Other Pacific Islander
Date of Birth :					Asian
Employee Home Address:					American Indian or Alaska Native
				<u> </u>	<u>ETHNICITY</u>
					SELECT ONE
Employee Home Phone:					Hispanic or Latino
Emergency Contact Name:					Not Hispanic or Lantino
(Circle one) Relationship: Mother Father Spouse Relative Other:					<u>GENDER</u>
Emergency Contact Home Address:					SELECT ONE
				1	MALE
				F	FEMALE
Emergency Contact Phone:					MARITAL STATUS
					SELECT ONE
Department:					S-Single
Campus Building:					M-Married
Campus Phone:					Citizenship
					SELECT ONE
					N-Non Citizen
Employee Signature:					Y-Citizen
				Date:	
Hiring Manager				<u></u>	Residency Status
				Date:	SELECT ONE
HRIS:					N-Non Resident Alien
					P-Permanent Resident
					R-Resident Alien
Human Resources Only					U-U.S. Citizen
NER ID:		EXEMPT	NON-EXE	MPT (	X-Unknown
TION TITLE:					