



THE FIRST UNIVERSITY IN THE WEST

EMPLOYEE INFORMATION and EMERGENCY CONTACT FORM

1. Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number: _____ Birth Date: _____ Marital Status: _____

Domestic Partner/Spouse's Name: _____

Domestic Partner/Spouse's Employer: _____

Domestic Partner/Spouse's Work Phone: () _____

Ethnicity (s): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Races: ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ Native American/Alaskan Native ☐ White ☐ Two or more

2. Emergency Contact Information (information will be used in case of personal and/or medical emergency)

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Physician: _____ Telephone: _____

3. Emergency Alert (in case of an emergency you will be contacted by WU's automated emergency system)

Employee Department(s): _____

Primary Alert Contact Phone # _____ (☐ home, ☐ cell-preferred)

Signature

Date

Please Return to the Human Resource Office.
THANK YOU FOR YOUR COOPERATION.