



Employee Information Form

Personal Information			
Full Name (Last, First, M.I.):			
Street Address:		Apartment/Unit #:	
City:	State:	Zip:	
Phone:		Email:	
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non -Hispanic/Latino			
Race(s): <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Two or more			

Emergency Alert Information (WU's automated emergency system)	
Primary Alert Contact Phone:	

Emergency Contact Information	
Full Name (Last, First, M.I.):	
Primary Phone:	Alternate Phone:
Relationship:	

Missing Person Contact Information	
Full Name (Last, First, M.I.):	
Primary Phone:	Alternate Phone:
Relationship:	

Campus Directory	
Employee Department(s):	
Employee Work Building:	Room Number:
Office Phone Number:	

Employee Signature

Date

Please Return to the Human Resource Office.
Thank You for Your Cooperation.