

Employee Information Form

Personal Information (Please Print)		
Gender: <i>(check one)</i> ___ Male ___ Female	Today's Date:	
First Name and Middle Initial:	Last Name:	
Home Address (Permanent Address):		WVU ID#:
City:	State:	Zip code:
Birth date:	Home Phone:	
WVU Email:		
Educational <i>(if none please leave blank):</i> Highest college degree attained: _____ Year: _____		
Marital Status: <i>(check one)</i> ___ Single ___ Divorced ___ Married ___ Separated ___ Common Law ___ Widowed	Nationality: <i>(check one)</i> ___ U.S. Citizen ___ Resident Alien ___ Non-Resident Alien	

Employment Information	
What is your ethnicity? ___ Hispanic or Latino ___ Not Hispanic or Latino Select one or more races to indicate what you consider yourself to be. ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ Native Hawaiian / Other Pacific Islander ___ White	Veterans Status: <i>(check one)</i> ___ Not a veteran ___ Disabled Veteran ___ Disabled Vietnam and other Protected Veterans ___ Newly Separated Veteran ___ Newly Separated and Disabled ___ Newly Separated and Other Protected ___ Newly Separated, Disabled and Other Protected ___ Other Protected Veteran ___ Veteran (not used for legislative reporting) ___ Vietnam Veteran ___ Vietnam Veteran, Newly Separated ___ Vietnam Veteran, Newly Separated and Disabled ___ Vietnam Veteran, Newly Separated and Other Protected ___ Vietnam Veteran, Newly Separated, Disabled and Other Protected ___ Vietnam and Other Protected Veteran
Current Military Service: ___ Military Reserves ___ National Guard	
Place of Employment/ Department Name:	
Scheduled Start Date:	

Emergency Contact Information		
Contact First Name and Middle Initial:	Contact Last Name:	
Gender: <i>(check one)</i> ___ Male ___ Female		
Contact Home Address:		
City:	State:	Zip code:
Contact Home Phone:	Contact Work Phone:	