

### FOR DEPARTMENT USE ONLY

Employee's Office Mailing Address and Phone

STREET		BUILDING/ROOM	
CITY	STATE	ZIP CODE	PHONE

**Legal Name:** \_\_\_\_\_

LAST
FIRST
MIDDLE
SUFFIX

**Note:** Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.

**University 10-Digit ID #:** \_\_\_\_\_ **Last 4 Digits of Social Security Number:** \_\_\_\_\_

**Home Mailing Address** (if different from Home Address):

STREET			APT #
CITY	STATE	ZIP CODE	COUNTY

**Foreign Address** (Required for International Employees):

STREET			APT #
CITY/TOWN	PROVINCE/STATE/COUNTRY	COUNTRY	ZIP CODE

### Emergency Contact

**Name:** \_\_\_\_\_

LAST
FIRST
MIDDLE
SUFFIX

**Address:** \_\_\_\_\_

STREET		APT #
CITY	STATE	ZIP CODE
PHONE	TYPE (HOME, CELL, WORK)	

### Prior Work Experience

Dates of Employment From/To	Employer	City	State	Country	Ending Position Title

**Professional Education** (list all colleges and universities attended)

Degree	Major	School	Completion Date	State	Country

**Licenses and Certifications**

License	License #	Issued By	Issue Date	Expiration Date

**Honors and Awards**

Honor or Award	Grantor	Issue Date

**Major Publications** (attach a complete bibliography to this form)

**Membership and offices in professional and other organizations:** \_\_\_\_\_  
 \_\_\_\_\_

**Educational or public institutions of which you are a director or trustee:** \_\_\_\_\_  
 \_\_\_\_\_

**Have you ever been convicted of a felony?**  Yes  No

*Central Offices: The information from this section is kept in hard copy format in central files only.*

*I certify that all information given on this form is true. I understand that any false statement made herein or omission of convictions or current criminal charges is sufficient reason for rejection of my employment. I further authorize the University to investigate all information provided on this form. I authorize such educational institutions, employers, and others (and their agents or employees) to respond to questions concerning information given on this form and I further release from liability such former employers, institutions, or persons providing such information to the University. I understand that my employment is contingent on the University receiving verification of my credentials and other information required by law.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_