

UNIVERSITY OF DALLAS

Employee Information Form

Contact Information

Name: _____
Last First Middle Nickname

Preferred Prefix: _____ Preferred Suffix: _____

Home Address: _____
(Street, City, State, Zip Code)

Preferred Primary Number: (_____) _____ Home Cell

Personal E-Mail: _____

Emergency Contact:

Name Relationship

Phone Number: (_____) _____

Address

Employment Authorization

Citizenship: _____ If not U.S.: Permanent Resident
Country Alien
(Authorization Type: _____)

By signing below, you understand and agree to the collection and processing of your personal data by the University of Dallas as part of the administration of employee records.

Employee Signature

Date

UNIVERSITY OF DALLAS

Employee Information Form

Personal Information

**All information will remain confidential*

Birth Date: _____ Social Security Number: _____

Clergy Status: Clergy
 Clergy with vow of poverty

Marital Status: Divorced
 Married
 Separated
 Single
 Widowed

Spouse's Name: _____

Dependents: _____

Additional Information

Are you currently or have you ever been a contract employee for the University of Dallas? Yes No

If you answered yes, when? _____

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Employee Signature

Date