



EMPLOYEE PERSONAL DATA

PLEASE PRINT

New Employees - Please complete this form in it's entirety.

Current Employees - Please complete name, TU ID#, and changes to personal data.

THIS INFORMATION IS FOR USE BY THE OFFICE OF HUMAN RESOURCES AND WILL REMAIN CONFIDENTIAL.

PERSONAL INFORMATION				
Name		Nickname <small>(will be used as part of email address)</small>	Social Security # or TU ID #	
		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Street Address		City, State Zip		Phone Numbers Home ( ) Cell ( )
Permission to Release Address and Phone Number <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date (mm-dd-yyyy)	Place of Birth		Physical or Mental Impairments <input type="checkbox"/> Yes <input type="checkbox"/> No
Person to Notify In Case of Emergency	Relationship	City, State, Zip		Emergency Contact Phone Numbers Home ( ) Work ( )
Origin Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please choose all that apply from the following categories:</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Two or More Races <input type="checkbox"/> Unknown			Veteran <input type="checkbox"/> Yes <input type="checkbox"/> Vietnam Vet <input type="checkbox"/> No <input type="checkbox"/> Disabled Vet	
			Dates of Military Service to to	
Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien and Other Eligible Non-Citizens				
Family Information				
Name of Spouse/Domestic Partner/Dependent Children	Social Security Number	Relationship		Birth Date
Education				
Degree(s) Earned	Dates (mm-yy)	Institution/City/State		
Campus Information				
Department	Campus Building	Room #	Phone Extension	Fax Number
Have you ever been employed at TU? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates of Previous Employment		

I understand and accept the terms and conditions of this letter. By signing, I certify that I am not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in any federal department or agency. I understand that any material misrepresentation by me of my qualifications, credentials, or personal record may result in my immediate dismissal upon discovery by the university.

Employee Signature

Date

NOTE: No changes in an employee's personal data will be made unless this form has been signed.