DREW
Human Resources

# Employee Data Form

## Personal Information

Drew University is an equal opportunity employer and is required by federal law to report certain data regarding our faculty and staff. To comply with government regulations we must provide accurate data on citizenship, gender, race/ethnicity of all employees as well as those veterans and people with disabilities who have self-identified. All information is reported in statistical form only. All information is se- cure and confidential.

**Prefix**: □ Miss □ Ms. □ Mrs. □ Mr. □ Rev. □ Dr.

**Name:** _____
Last First Middle Initial

**Address:** _____ Apt#: _____

_____
City State Zip

**Social Security Number:** _____ **Date of Birth:** _____ **Gender :** □ Male □ Female
MM / DD / YYYY

**Home Phone:** _____ **Cell Phone**: _____ **Email Address**: _____

**Marital Status:** □ Single □ Married □ Civil Union **Spouse's Name:** _____

**Are you an Ordained Minister?**
□ Yes □ No

**Education?**
□ High School Diploma/GED
□ Business Degree
□ Trade School Degree
□ Associate's Degree
□ Bachelor's Degree
□ Master's Degree
□ Doctorate

**What is your race? (Please indicate 1 or more)**

□ White
□ Black
□ Black or African American
□ Native Hawaiian or Other Pacific Islander
□ Asian
□ American Indian or Alaska Native

**Are you Hispanic or Latino/a?**
□ No, not Hispanic or Latino/a

□ Yes, Hispanic or Latino/a (of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture, regardless of race.)

**Optional Self-Identification:**
□ Active Reserve
□ Inactive Reserve
□ Disabled Veteran
□ Not Disabled
□ Individual with a disability
□ Vietnam Veteran
□ Retired Veteran
□ Other Veteran
□ Non-Military Service

**Citizenship?**
□ US Citizen
□ Resident Alien
□ Non-Resident Alien

Country: _____
Visa Type: _____
Expiration: _____

## Emergency Contact Information

**Name:** _____
Last First Relationship Phone Number

**Address:** _____ Apt#: _____

_____
City State Zip

_____
**Employee Signature** **Date**

JH 6/17