



UNIVERSITY RECREATION & WELLNESS

STUDENT EMPLOYMENT PERSONAL DATA FORM

SECTION I: NAME & CONTACT INFORMATION

Name: _____ Birth Date: _____
First Last MI (MM/DD/YY)

University LDAP/User Name: _____ University ID Number: _____

Permanent Address: _____
Street City State Zip

Local Address: _____
Street City State Zip

Email: _____ Phone: _____

SECTION II: CITIZENSHIP STATUS

Please select one:

- US Citizen
 Resident Alien (Alien Permanent)
 Non-Resident Alien (Alien Temporary)
- Citizenship Country: _____
Visa Type: _____

SECTION III: DEMOGRAPHIC/ REGIONAL DATA

If you select more than one, please circle a primary one:

- American Indian/Alaskan Native
 Asian
 Black/African American
 Caucasian/White
- Hispanic/Latino
 Native Hawaiian or Other Pacific Islander
 Other (Please Explain): _____

Signature: _____ Date: _____

WORK STATUS (TO BE COMPLETED BY UNIVERSITY RECREATION & WELLNESS):

Supervisor: _____ Position Hired: _____ Pay Codes: _____

Session Start: Fall Winter Spring Summer Approved by: _____ Date: _____