Print Form

PERSONAL INFORMATION SHEET

(THIS FORM MUST BE COMPLETED IN ITS ENTIRETY)

EMPLOYEE TYPE: ☐ ADMINISTRATOR/STAFF ☐ FULL TIME FACULTY ☐ ADJUNCT FACULTY

_____ _____ _____

FULL LEGAL NAME PREFERRED NAME PERSONAL PRONOUNS

_____ _____ _____

SOCIAL SECURITY # GENDER DATE OF BIRTH

_____ _____ _____ _____

ADDRESS (DO NOT USE A P.O. BOX) CITY STATE ZIP CODE

_____ _____ _____

PRIMARY PHONE MOBILE PHONE EMAIL ADDRESS

MARITAL STATUS: SINGLE ☐ MARRIED ☐

ETHNICITY: ☐ HISPANIC OR LATINO ☐ NOT HISPANIC OR LATINO

RACE: (CHECK ALL THAT APPLY):

☐ AMERICAN INDIAN ☐ ASIAN OR OTHER PACIFIC ISLANDER ☐ BLACK OR AFRICAN AMERICAN ☐ NATIVE HAWAIIAN OR ALASKAN NATIVE ☐ WHITE

VETERAN STATUS

☐ ARMED FORCES SERVICE MEDAL VETERAN
☐ SPECIAL DISABLED VETERAN
☐ RECENTLY SEPARATED VETERAN (PLEASE INDICATE DATEOF SEPARATION) _____
☐ OTHER PROTECTED VETERAN (INCLUDING VIETMAN ERA VETERAN)
☐ NOT A VETERAN

College (Faculty Only): ☐NCE ☐GSBL ☐UGC ☐Kendall ☐CPBS

EMERGENCY CONTACT INFORMATION (REQUIRED)

_____ _____

NAME RELATIONSHIP

_____

PRIMARY PHONE

HOME CAMPUS: ☐Chicago-18 ☐Chicago-122 ☐Wheeling ☐Lisle ☐Tampa

PAYCHECK MAILED TO: ☐ CAMPUS ☐ HOME ADDRESS