

# WASHINGTON UNIVERSITY IN ST. LOUIS

## Non-Employee Personal Information

<b>PERSONAL DATA:</b>	<b>EMPLID:</b> _____	<b>Social Security Number:</b> _____	_____ Jr.
____ Dr. ____ Mr.	Name: _____		_____ Sr.
____ Miss ____ Mrs.			_____ II
____ Ms.	First _____ Middle _____ Last _____	<input type="checkbox"/> Maiden	_____ III
	Previous Name: _____		
	_____ Single	_____ Married	_____ Separated
		_____ Divorced	_____ Widowed
			_____ Domestic Partner

Publish Home Info in  
WU Phone Book?  
\_\_\_\_ Yes \_\_\_\_ No

**Address(es):** (List business address only if off campus, mailing address only if different from home address.)

Home:	_____	_____	_____	_____
	Street	City	State	Postal
Business:	_____	_____	_____	_____
	Street	City	State	Postal
Mailing:	_____	_____	_____	_____
	Street	City	State	Postal

**Phone Numbers:** (one is required)

Campus:	( ) _____/_____	
Home:	( ) _____/_____	
Business:	( ) _____/_____	
Cellular:	( ) _____/_____	_____ Cellular Carrier
Fax:	( ) _____/_____	
Pager:	( ) _____/_____	

**E-Mail Address(s):**

Campus:	_____
Home:	_____

**Gender:** \_\_\_\_\_ Male  
 \_\_\_\_\_ Female

**Current W.U. Student:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Birth Country:** \_\_\_\_\_ **Birth State:** \_\_\_\_\_ **Birth City:** \_\_\_\_\_

**Race/Ethnicity:** Are you Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No And select all of the following that apply”

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

*Hispanic or Latino* – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. *American Indian or Alaska Native* – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. *Asian* – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. *Black or African American* – A person having origins in any of the Black racial groups of Africa. *Native Hawaiian or Other Pacific Islander* – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. *White* – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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### Citizenship (check one):

Citizen or National of the U.S.    
  Lawful Permanent Resident (Alien #) A \_\_\_\_\_    
  An Alien Authorized to Work Until \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Alien # or Admission #) \_\_\_\_\_  
 Visa Type \_\_\_\_\_

### Work Location:

Primary Department: \_\_\_\_\_ Building Name: \_\_\_\_\_ Room #: \_\_\_\_\_ Campus Box #: \_\_\_\_\_

### Emergency Contacts:

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Same Address:  Yes  No

Primary Contact Phone(s): Home: ( ) \_\_\_\_ / \_\_\_\_ Work: ( ) \_\_\_\_ / \_\_\_\_ Other: ( ) \_\_\_\_ / \_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Same Address:  Yes  No

Secondary Contact Phone(s): Home: ( ) \_\_\_\_ / \_\_\_\_ Work: ( ) \_\_\_\_ / \_\_\_\_ Other: ( ) \_\_\_\_ / \_\_\_\_

Educational Information	Major	Date(s) Acquired	School Name	State	Last Degree Acquired/Terminal Degree?	Graduated?
Bachelor's					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Master's					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
M.D. or Equivalent					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ph.D. or Equivalent					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Degree					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### For Postdoctoral Research Scholars Only:

	Start Date	End Date	School Name	State		
Previous Postdoctoral Experience						

Signature: \_\_\_\_\_

By typing my name above, I am certifying that all information on this payroll intake form is true. I understand that Washington University may verify any and all information I have provided. Falsification or omission of information and credentials may result in the cancellation of employee or non-employee status.