

FACULTY INFORMATION FORM

DATE: _____

Please check: ____ New Hire ____ Rehire

*Required: **Personal** Email Address: _____
(banner ID cannot be set up without a personal email address)

The information provided on this form is used for University tax information, mail, and for all University and government reporting. It is essential that all elements be accurate and truthful. Your name printed on this form and tax forms must match the legal name printed on your social security card.

Human Resources may request to view your social security card or legal name change documents to verify that your name is correctly recorded in the system.

PLEASE PRINT YOUR INFORMATION

Social Security Number _____ - _____ - _____

Department working in: _____

Name: _____
 (First - Use Legal Name) (M.I.) (Last) (Suffix)

Preferred first name: _____ Maiden Name: _____

ADDRESS INFORMATION MUST BE EITHER HOUSE OR APT.

Permanent Address: _____

City and State: _____ Zip: _____

Permanent Telephone: _____ Cell: _____

PERSONAL INFORMATION (Please Check Selection)

Marital Status: ____ Married ____ Single ____ Divorced ____ Separated
 ____ Widowed ____ Life Partnered ____ Religious Order

Birth Date: _____ / _____ / _____ GENDER: ____ Female ____ Male
 (month) (day) (year)

Citizenship: ____ Citizen ____ Non-Citizen ____ Non-Citizen Permanent Resident

If not citizen, country of origin: _____ Passport Expiration: _____

Visa Type: _____ Visa Expiration Date: _____

VOLUNTARY DEMOGRAPHIC DATA (Release of demographic information is voluntary). The information obtained will be kept confidential and may only be used in accordance with provisions of applicable laws.

Ethnicity: Are you Hispanic or Latino? Yes No Not Disclosed

Race: Review each of the following categories and check the box that identifies your race/national origin (you may select more than one category).

White (not Hispanic or Latino) American Indian or Alaska Native (not Hispanic or Latino)

Black or African American (not Hispanic or Latino) Asian (not Hispanic or Latino)

Native Hawaiian or other Pacific Islander (not Hispanic or Latino)

Not Disclosed

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Telephone: Home: _____ Cell: _____

EDUCATIONAL BACKGROUND:

Full-Time Faculty: Please request original transcripts be sent to your department representative.

NOTE: School of Medicine full-time faculty do not need to request transcripts.

Post-doctorate, Adjunct/Part-time faculty:

Option 1:

_____ Providing your initials will authorize the University to pull your degree verification by a third-party using information from this form. If the University is unable to verify your degree, you will be responsible to submit a hard copy/electronic transcript to your department. (NOTE: Degree's from International Institutions will need to provide hard copy/electronic transcript(s).)

Option 2:

_____ I prefer to request an original transcript (either hard copy or electronic) from the granting institution of my highest degree be sent directly to my department chair.

(Please write the full name and spelling of the institutions clearly, including city if multiple campuses.)

	<u>University/College</u>	<u>Date Graduate</u>	<u>Degree Type (M.A./Ph.D./M.D.)</u>
UG	_____	___ / ___	_____
Grad	_____	___ / ___	_____
Post Grad	_____	___ / ___	_____

I certify that the information provided in this form is correct.

Signature _____ Date _____

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