

# PERSONAL DATA SHEET

Full-time  Part-time

<b>Prefix:</b>	<b>*Last Name:</b>	<b>*First Name:</b>	<b>*Middle Name:</b>
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*\*List legal name as it appears on the social security card*

### HOME ADDRESS:

Street Line 1:	Street Line 2:
City, State, Zip:	County:
Home Phone:	Cell Phone:
Personal Email Address:	

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b>	<b>Social Security Number:</b>	<b>Citizenship:</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Resident Alien # _____ <input type="checkbox"/> Permanent Resident # _____
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<b>Marital Status:</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<b>Please complete both sections:</b>		
	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Ethnicity:</b>            Hispanic or Latino  <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> <td style="width: 50%;"> <b>Race: <i>Check all that apply</i></b>  <input type="checkbox"/> White  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander         </td> </tr> </table>	<b>Ethnicity:</b> Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race: <i>Check all that apply</i></b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<b>Ethnicity:</b> Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race: <i>Check all that apply</i></b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		

PRIMARY EMERGENCY CONTACT		SECONDARY EMERGENCY CONTACT	
Name:		Name:	
Address:	Relationship:	Address:	Relationship:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

WEBSITE DISPLAY INFORMATION	EDUCATION INFORMATION																
<i>This information will only be seen by RMU employees. I authorize the University to list the following:</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Degree Obtained</th> </tr> </thead> <tbody> <tr> <td>High School:</td> <td></td> <td></td> </tr> <tr> <td>Tech School:</td> <td></td> <td></td> </tr> <tr> <td>College/University:</td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> </tr> </tbody> </table>			Name	Degree Obtained	High School:			Tech School:			College/University:			Other:		
	Name	Degree Obtained															
High School:																	
Tech School:																	
College/University:																	
Other:																	
<input type="checkbox"/> Home Address <input type="checkbox"/> Home Telephone <input type="checkbox"/> Spouse's Name _____ <input type="checkbox"/> I do not want any of the above listed	<i>Official transcripts of your highest degree must be sent to: RMU – Human Resources Department, 6001 University Blvd. Moon Township, PA 15108</i>																
<b>Preferred name for display:</b> <i>(example: Jim for James)</i>																	

### HUMAN RESOURCE DEPARTMENT USE ONLY:

Req #	Hire Date:	Salary:
Department:	Position:	Manager:
Building:		Replaces:
Office Number:	Phone:	Fax:
		Cell Phone Stipend:
Notes:		