

PERSONAL DATA SHEET

Full-time Part-time

| | | | |
|-------------------------------------------------------------------|--------------------|---------------------|----------------------|
| Prefix: | *Last Name: | *First Name: | *Middle Name: |
| *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: | |

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

| Please disclose all relatives working at RMU: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Do you have any relatives employed at RMU? (check all that apply) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> In-Law <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other Relation: _____ | Do you have any relatives on the Board of Trustees at RMU? (check all that apply) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> In-Law <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other Relation: _____ | What are the employees' and Board of Trustees' names? (list all) _____ _____ _____ |

| 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> | <input type="checkbox"/> Home Address, Spouse's Name, and Home Phone Number | Name | |
| | <input type="checkbox"/> Home Address and Spouse's Name | Degree Obtained | |
| | <input type="checkbox"/> I do not want any personal information displayed | High School: | |
| | | Tech School: | |
| | | College/University: | |
| | Other: | | |

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| Preferred name for display: (example: Jim for James) | <i>Official transcripts of your highest degree must be sent to: RMU – Human Resources Department, 6001 University Blvd. Moon Township, PA 15108</i> |
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