



PERSONAL INFORMATION FORM

PERSONAL CONTACT INFORMATION

Legal Name (Last, First, Middle Initial)		Preferred Name	
Street Address		City	State Zip
Personal Email Address		Other Work Email Address (optional)	
Home Phone	Cell Phone	Other Work Phone (optional)	

EMERGENCY CONTACT INFORMATION

Name		Relationship	
Street Address		City	State Zip
Email Address		Work Email Address (optional)	
Home Phone	Cell Phone	Work Phone	

RELIGIOUS AFFILIATION

This information is required for Faculty, Administrators, and select Staff Positions.

I am a Minister of Religion: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Lutheran, Missouri Synod	<input type="checkbox"/> Protestant, non-Lutheran	<input type="checkbox"/> Unchurched	<input type="checkbox"/> Unknown/Undeclared
<input type="checkbox"/> Lutheran, Other	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Other Faith: _____	

REPORTING INFORMATION

The following information pertains to Equal Employment Opportunity and is used for reporting purposes. This information is voluntary. Answers will be kept confidential. Responses/non-responses will not be subject to adverse impact.

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Latino	
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Black or African American <i>(Multiple races can be checked.)</i>
Veteran:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Vietnam Veteran only <input type="checkbox"/> Other Protected Veteran only <input type="checkbox"/> Both Vietnam Veteran and Other Protected Veteran	
Disability:	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	

Employee Signature

Date