

Saint Mary's College of California Personnel Data Form

NAME _____ DATE ____/____/____
(Print clearly)

ADDRESS _____ e-mail _____
(street, city, state, zip)

Nickname: _____ HOME PHONE # () _____ BUS. PHONE # () _____
CELL PHONE # () _____

SOC. SEC. # ____ - ____ - ____ MALE FEMALE DATE OF BIRTH ____/____/____

U.S. Citizen: Yes No
If no, citizen of _____
(Country)

Disability: Yes No Specify special accommodations needed: _____

1. Are you Hispanic or Latino (including Spain)
 Yes No

2. Regardless of your answer to the prior question, please check *✓one or more* of the following groups in which you consider yourself to be a member:

- American Indian or Alaska Native (including all Original Peoples of the Americas)
- Asian (including Indian subcontinent and Philippines)
- Black or African American (including Africa and Caribbean)
- Native Hawaiian or Other Pacific Islander (Original Peoples)
- White (including Middle Eastern)

To authorize release of your home phone # and/or address to students, faculty, or staff, indicate below:

- (1) can be released
- (2) can be released for library use only
- (3) cannot be released for any purpose

RELIGIOUS CLERIC: Yes No Religious Order: _____

Address of Order/Community: _____

MARITAL STATUS: Single Married Spouse name: _____

DEPENDENTS:	NAME	RELATIONSHIP
	_____	_____
	_____	_____
	_____	_____

OVER

Personal Data Form side 2

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____
(print name)

RELATIONSHIP _____ Telephone #: Home () _____ Work# () _____
Cell # () _____

*Your job title: _____ Department: _____

Date of Hire: _____ Regular Temporary Full-time Part-time

Campus Location: _____ Campus Extension X _____
(building)

Hours per week: _____ Months per year _____

EDUCATION: Degrees (circle)	<u>Name of Institution</u>	<u>Year Achieved</u>
BA, BS	_____	_____
MA, MS	_____	_____
Ph.D., Ed.D.	_____	_____
Prof. Cert./Degree	_____	_____

*Faculty – Please attach resume or curriculum vitae