

# 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