



Personal Information

THIS FORM MUST BE FILLED OUT AND SIGNED. THE INFORMATION IS NEEDED FOR EMPLOYMENT PURPOSES.

Please take a few minutes to fill out this form and return it to the Human Resource Office, ASAP.

Name _____ Soc. Sec. # _____

Home Address _____ Home Phone _____

Birthdate _____ Spouse's First Name _____

Confidential Voluntary Demographic Data

Are you Hispanic or Latino? Yes No

Gender

- Male
- Female

Marital Status

- Single
- Married

Veteran Status

- Yes
- No

Disabled Status

- Yes
- No

Race

- Black-non Hispanic
- American Indian/Alaskan Native
- Non Resident Alien
- Pacific Hawaii/Pacific Islander
- White

List of Degrees Earned

Institution	Discipline	Type	Year

Emergency Contact

Name _____ Relationship _____

Address _____ Telephone _____

Physician _____ Telephone _____

AS AN EMPLOYEE OF SNOW COLLEGE YOU ARE REQUIRED TO OBTAIN A SNOW COLLEGE E-MAIL ADDRESS. YOU ARE ALSO REQUIRED TO CHECK YOUR E-MAIL AT LEAST ONCE A WEEK AS THERE IS PERTAINANT INFORMATION CONTINUALLY BEING SENT.

Signature _____