



Wilkes University Personnel Record

Please complete all applicable items.

Social Security No.:	Last Name:	First Name:	Middle Initial:
Preferred First Name:	Salutation (i.e. Mr./Mrs./Dr.):		Legal Sex: Male / Female / N/A (circle one)

Address:			
City:	State:	Zip Code:	Boro/Township:
Home Telephone No.: ()	Employee Signature _____		Date _____
Marital Status: married / single / widowed / divorced		Spouse's First Name:	
Birth Date: (month/day/year)		US Citizen: Yes / No	Veteran: Yes / No

ETHNIC CODE (circle one):

Hispanic or Latino	Black or African American (Not Hispanic or Latino)	Asian (Not Hispanic or Latino)	Two or More Races (Not Hispanic or Latino)
White (Not Hispanic or Latino)	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	American Indian or Alaska Native (Not Hispanic or Latino)	

DEPARTMENT NAME:

EMAIL Address (other than Wilkes.edu):

LOCATION:	Wilkes-Barre (Main Campus) _____ Online only _____ Online only (HotChalk) _____ Off Campus _____
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EMERGENCY CONTACT INFORMATION (Please provide contact name and phone number during your regular work hours.)

Phone No. ()	Name:	Relationship:
Address:	City:	State/Zip:
Doctor's Name:	Doctor's Phone:	

EDUCATION INFORMATION: Highest level reached: _____ (Enter number corresponding to appropriate level below)

01 - High School Diploma	04 - Associate's Degree	07 - Doctorate (All but Dissertation)
02 - High School or GED	05 - Bachelor's Degree	08 - Doctorate
03 - Trade School/Two Yr. Certificate	06 - Master's Degree	

Degree	Discipline	Institution	City	Street	Mo/Yr Rec'd

