

WASHINGTON UNIVERSITY IN ST. LOUIS

Non-Employee Personal Information

Instructions: Please type information in fields below.

To mark a box, please type an X in the appropriate field.

PERSONAL DATA: **EMPLID:** _____ **Social Security Number:** _____ Jr.

____ Dr. ____ Mr. _____ Sr.

____ Miss ____ Mrs. **Name:** _____ II

____ Ms. First Middle Last _____ III

Previous Name: _____ Maiden

____ Single ____ Married ____ Separated ____ Divorced ____ Widowed ____ Domestic Partner

Publish Home Info in
WU Phone Book?

Address(es): (List business address only if off campus; mailing address only if different than home address.) _____ Yes ____ No

Home: _____
Street City State Postal

Business: _____
Street City State Postal

Mailing: _____
Street City State Postal

Phone Numbers: (one is required)

Campus: () _____/_____
Home: () _____/_____
Business: () _____/_____
Cellular: () _____/_____
Fax: () _____/_____
Pager: () _____/_____

Cellular Carrier

E-Mail Address(s):

Campus: _____

Home: _____

Gender: ____ Male

____ Female

Current W.U. Student: ____ Yes ____ No

Birth Date: ____/____/____ **Birth Country:** _____ **Birth State:** _____ **Birth City:** _____

Citizenship (Check one):

____ Citizen or National of the U.S.

____ Lawful Permanent Resident
(A #), _____

____ An Alien Authorized to Work Until ____/____/____
(A # or Admission #) _____

Visa Type _____

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Work Location:

Primary Department: _____ Building Name: _____ Room #: _____ Campus Box #: _____

Emergency Contacts:

Primary Contact Name: _____ Relationship: _____ Same Address: ___Yes ___No

Primary Contact Phone(s): Home: () _____/_____/_____ Work: () _____/_____/_____ Other: () _____/_____/_____

Secondary Contact Name: _____ Relationship: _____ Same Address: ___Yes ___No

Secondary Contact Phone(s): Home: () _____/_____/_____ Work: () _____/_____/_____ Other: () _____/_____/_____

Educational Information:	Major	Date(s) Acquired	School Name	State	Last Degree Acquired/Terminal Degree?	Graduated?
Bachelor's					___Yes ___No	___Yes ___No
Master's					___Yes ___No	___Yes ___No
M.D. or Equivalent					___Yes ___No	___Yes ___No
Ph.D. or Equivalent					___Yes ___No	___Yes ___No
Additional Degree					___Yes ___No	___Yes ___No

For Postdoctoral Research Scholars Only:

	Start Date	End Date	School Name	State		
Previous Postdoctoral Experience						

Signature: _____ Date: ____/____/____

By typing my name above, I am certifying that all information on this payroll intake form is true. I understand that Washington University may verify any and all information I have provided. Falsification or omission of information and credentials may result in the cancellation of employee or non-employee status.

WASHINGTON UNIVERSITY IN ST. LOUIS

Voluntary Personal Information – Non-Employee Postdoctoral Research Scholars Only

Name: _____
 First Middle Last

EMPLID: _____

Department: _____

Today's Date: _____

The following questions are being asked of only Postdoctoral Research Scholars in compliance with the National Institutes of Health (NIH) reporting requirements.

Race/Ethnicity: Are you Hispanic or Latino? Yes No And select all of the following that apply:
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. *American Indian or Alaska Native* – A person having origins in any of the original peoples of North and South American (including Central America) and who maintains tribal affiliation or community attachment. *Asian* – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. *Black or African American* – A person having origins in any of the Black racial groups of Africa. *Native Hawaiian or Other Pacific Islander* – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. *White* – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Department Administrators: Please enter Race/Ethnicity in HRMS before mailing.

Disabled: Yes No

Individuals with disabilities are defined as those with a physical or mental impairment that substantially limits one or more major life activities.

Disadvantaged: Yes No

Individuals from disadvantaged backgrounds are defined as:

1. Individuals who come from a family with an annual income below established low-income thresholds. These thresholds are based on family size; published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/index.shtml>. For individuals from low-income backgrounds, the institution must be able to demonstrate that such candidates (a) have qualified for Federal disadvantaged assistance; or (b) have received any of the following student loans: Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program; or (c) have received scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.
2. Individuals who come from a social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career. Recruitment and retention plans related to a disadvantaged background are most applicable to high school and perhaps undergraduate candidates, but would be more difficult to justify for individuals beyond that level of achievement.

Send this page ONLY to Campus Box 8226, Attn: Mary Bradley