

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?
_____ Yes _____ No

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: () _____ / _____ Cellular Carrier
Pager: () _____ / _____

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.

