

BIOGRAPHICAL INFORMATION

The information collected by Human Resources, will be used for statistical purposes, compliance reporting, and on-campus information systems applications. All information provided will be treated in the strictest of confidence. This form is not to be filled out by applicants for employment.

I. GENERAL INFORMATION

Name (Last, First, Middle): _____

Dr. Rev. Sr. Mr.
 Br. Mrs. Miss Ms.

Preferred Name: _____

Home Address (Street and City) _____ Rank or Title _____ Building & Phone extension _____

(State and ZIP Code) _____ Social Security Number _____ Department _____

Home Telephone _____ Alternative Telephone _____ Birth Date _____

Date Employed: _____ Full Time Part Time Have you ever worked for Santa Clara University? Yes No

If yes, indicate dates of employment: From: _____ To: _____

Department: _____ Position: _____

II. PERSONAL INFORMATION

Sex: Male Female U.S. Citizen: Yes No Marital Status: Single Married Divorced Widowed

Veteran: Yes₍₁₎ No₍₃₎ In Service₍₂₎ Vietnam Era Veteran₍₆₎ Other Veteran₍₄₎

Ethnic Origin (please check one):

Caucasian₍₁₎ African American₍₂₎ Hispanic/Latino/Chicano₍₃₎

Asian/Pacific Islander₍₄₎ Am. Indian/Alaskan Native₍₅₎ Other₍₆₎

III. EMERGENCY CONTACT

Name: _____ Relationship: _____ Telephone Number: _____

IV. EDUCATION

Institution	Major or Principal Courses Studied	Degree or Dates Attended	Date of Graduation
_____	_____	_____	_____
_____	_____	_____	_____

V. SIGNATURE

Signature _____

Date _____