

ID# _____

MOUNT VERNON NAZARENE UNIVERSITY
EMPLOYMENT INFORMATION FORM
(TO BE COMPLETED AFTER HIRING – PLEASE PRINT)

DOH _____

THIS NECESSARY INFORMATION IS COLLECTED BY THE HUMAN RESOURCE OFFICE. IT IS REGARDED AS CONFIDENTIAL AND IS IN NO WAY USED FOR DISCRIMINATING PURPOSES.

DATE _____ ARE YOU AN ALUMNUS OF MVNU? _____

NAME _____ MAIDEN NAME _____
(last) (first) (middle)

NAME (as you would like it listed in the MVNU e-mail/phone extension list)

(last) (first)

POSITION/TITLE _____

HOME ADDRESS _____

(street) (city) (state) (zip) (county)

HOME PHONE _____ / _____ BIRTHDATE _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

RACE: (Please check)

____ WHITE (NON-HISPANIC ORIGIN)

____ BLACK or AFRICAN AMERICAN

____ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

____ AMERICAN INDIAN or ALASKA NATIVE (North, Central, and South America origin)

____ HISPANIC or LATINO (Spanish culture or origin, regardless of race)

____ ASIAN (Far East, Southeast Asia, Indian subcontinent)

MARITAL STATUS: _____ SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED

NAME OF SPOUSE _____

(last) (first) (middle)

IS SPOUSE AN ALUMNUS OF MVNU? _____ IF YES, MAIDEN NAME: _____

SPOUSE DATE OF BIRTH _____

PLACE OF EMPLOYMENT OF SPOUSE: (IF EMPLOYED)

EMPLOYER _____

ADDRESS _____

PHONE _____

NAMES AND BIRTH DATES OF DEPENDENTS:

IN CASE OF EMERGENCY, NOTIFY:

NAME _____ PHONE _____ / _____ - _____

(last) (first) (middle)

HOME ADDRESS _____

BUSINESS ADDRESS _____ PHONE _____ / _____ - _____

I CERTIFY THAT ALL STATEMENTS MADE IN THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, CORRECT. SHOULD ANY OF THE STATEMENTS BE SUBSEQUENTLY PROVED INACCURATE, I UNDERSTAND THE EMPLOYER MAY CANCEL EMPLOYMENT AGREEMENT MADE WITH ME.

Signature _____

DATE _____

MOUNT VERNON NAZARENE UNIVERSITY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DENY EMPLOYMENT OPPORTUNITY ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN OR ANCESTRY.