

COLLEGE WORK STUDY STUDENT PERSONAL DATA FORM

Social Security Number: (Copy of Social Security Card required)			Employee ID: (CWID)		
Employee Name: (As it appears on Social Security Card)			Email Address : (Not Campus Email)		
Street Address:			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Parish (Residence):		Home Phone ()	Cell Phone ()		

<u>Gender:</u> Male Female <u>Date of Birth:</u>	<u>EEO Information:</u> Do you consider yourself to be Hispanic/Latino? Yes No		In addition, select one or more of the following racial categories to describe yourself: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White or Caucasian
Education Level: (Check highest level) Doctor Masters Bachelor Professional Degree No. Acad. Cred.			

Emergency Contact Name:			Phone Number:		
Contact's Relationship:			Email Address :		
Street Address:			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Parish (Residence):		Home Phone ()	Cell Phone ()		

Prior ULM Service?	Yes	No	If Yes, Dates of Service:	_____
Prior State of LA. Service?	Yes	No	If Yes, Dates of Service:	_____
Current State Service?	Yes	No	Location:	_____
			Address if Known:	_____

Do you currently work for another department? yes no	
Privacy Request:	
Please do do not release my home phone and/or address information.	

Employee Signature: _____ Date: _____