

WASHINGTON UNIVERSITY IN ST. LOUIS

Non-Employee Personal Information

PERSONAL DATA: EMPID: TBD Social Security Number: _____ Jr. _____ Sr. _____ II _____ III _____

Dr. _____ Mr. _____
Miss _____ Mrs. _____ Name: _____
Ms. _____
Previous Name: _____ First _____ Middle _____ Last _____
 Maiden

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____ Domestic Partner _____
Address(es): (List business address only if off campus; mailing address only if different than home address.) _____
Publish Home Info in WU Phone Book? _____ Yes _____ X _____ No

Home: _____ Street _____ City _____ State _____ Postal _____
Business: _____ Street _____ City _____ State _____ Postal _____

Mailing: _____ Street _____ City _____ State _____ Postal _____
Phone Numbers: (one is required) _____
E-Mail Address(s): _____
Campus: _____ Home: _____

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

Gender: _____ Male _____
_____ Female _____
Current W.U. Student: _____ Yes _____ X _____ No _____

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

Citizenship (Check one):
_____ Citizen or National of the U.S. _____
_____ (A #) A _____ Lawful Permanent Resident _____
_____ (A # or Admission #) _____ An Alien Authorized to Work Until _____ / _____ / _____
_____ Visa Type _____

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Work Location: Primary Department: Pediatrics Building Name: SLCH Room #: 3S34 Campus Box #: 8116

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					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Master's					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
M.D. or Equivalent					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ph.D. or Equivalent					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Degree					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Postdoctoral Research Scholars Only:						
	Start Date	End Date	School Name	State		
Previous Postdoctoral Experience						

Signature: _____ Date: ____ / ____ / ____

By typing my name below, 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.