



**University of Redlands  
Personnel Information Profile**

The following information is CONFIDENTIAL and is only for the Official Use of the University of Redlands.

PERSONAL INFORMATION					
<input type="checkbox"/> Dr.		<input type="checkbox"/> Miss		<input type="checkbox"/> Mr.	
<input type="checkbox"/> Mrs.		<input type="checkbox"/> Ms.		Date:	
Last Name:		First Name		Middle Name	
Address:		City:		ST:	Zip Code:
Soc. Sec. #:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate:	
Primary Phone:		<input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Preferred First Name:		Personal Email:			
MARITAL STATUS					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> CA Registered Domestic Partner (DP) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated					
EMERGENCY NOTIFICATION					
Full Name			Relationship:		
Address:		City:		ST:	Zip Code:
Primary Phone:		<input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	
DEPENDENT INFORMATION					
Spouse / DP (Circle One)		Soc. Sec. #:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		Birthdate:		Resides at same address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please put below.	
Address:		City:		ST:	Zip Code:
Child		Soc. Sec. #:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		Birthdate:		Resides at same address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please put below.	
Address:		City:		ST:	Zip Code:
Child		Soc. Sec. #:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		Birthdate:		Resides at same address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please put below.	
Address:		City:		ST:	Zip Code:
<i>(Continue on back if needed)</i>					
LEVEL OF EDUCATION (OPTIONAL)					
Highest Degree:		School:		Graduated: (MO/YR)	
RACE/ETHNICITY (OPTIONAL)					
Please check one or more of the following that best describe you:					
<input type="checkbox"/> Asian (incl. Indian Subcontinent & Philippines)		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Two or more races			
<input type="checkbox"/> Hispanic or Latino (including Spain)		<input type="checkbox"/> White (Inc. Middle Eastern)			
<input type="checkbox"/> Prefer not to answer					
Are you a NON-RESIDENT Alien?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Have you ever worked for the University before?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
FOR OFFICE USE ONLY					
Hire Date:		ADP Empl ID:		Datatel ID:	
Job Title:			Dept.		Work Ext.
<input type="checkbox"/> ADMIN.		<input type="checkbox"/> ADMIN N/E		<input type="checkbox"/> STAFF	
<input type="checkbox"/> ADJUNCT FACULTY		<input type="checkbox"/> TEMPORARY EMPLOYEE		<input type="checkbox"/> FACULTY	
		<input type="checkbox"/> F/T		<input type="checkbox"/> P/T	