

**MOUNT VERNON NAZARENE UNIVERSITY
EMPLOYMENT INFORMATION FORM**

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

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

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

(prefix) (last) (first)

POSITION/TITLE _____

HOME ADDRESS _____

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

PREFERRED PHONE _____/_____ CELL OR HOME? (circle one)

ADDITIONAL PHONE (if applicable) _____/_____ CELL OR HOME? (circle one)

BIRTHDATE _____

ARE YOU AN ALUMNUS OF MVNU? _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

RACE: (Please check all that apply)

____ 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:

____ M/F _____ M/F
____ M/F _____ M/F

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.