

LIBERTY

UNIVERSITY™

PERSONNEL DATA FORM

All Information Will Remain Confidential
Please Print All Information

Social Security #

Date

First Name

Middle

Last Name

Title: Please check one. Mr. Mrs. Miss Dr.

Address: _____

Street

City

State

Zip

Home Phone: _____

Business Phone: _____

Birthday: _____

Month/Day/Year

Gender: Please check. Male Female

Please check appropriate boxes:

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Please check one or more boxes:

Race

American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Disabled: Please check. Yes No

Military: Please check the one that applies.

1 Veteran
R Reserve
V Vietnam Veteran
N Non-Veteran

U.S. Citizen: Please check. Yes No

Spouse Name: _____

Emergency Contact Information:

Emergency Contact (name)

Phone Number

Emergency Contact

Address

City

State

Zip

Relationship: Brother Daughter Father Friend Mother Neighbor

(Please Check) Roommate Sister Son Spouse Other Relative Other