

# LIBERTY

UNIVERSITY™

## STUDENT EMPLOYMENT PERSONNEL DATA

All information will be confidential

\_\_\_\_\_  
Social Security #      First Name      MI      Last Name      Suffix

\_\_\_\_\_  
Home Street Address      Local Street Address

\_\_\_\_\_  
Home City      Home State      Home Zip      Local City      Local Zip

(      )      -      (      )      -      /      /  
Home Phone      Local Phone      Date of Birth

\_\_\_\_\_  
E-mail Address      Liberty ID#

Gender:  Male  Female      Marital Status:  Single  Married      Name of Spouse \_\_\_\_\_

Race/Ethnic Origin:  White  Black  Hispanic  Asian/Pacific Islander  American Indian/Alaskan Native

I am a US Citizen:  Yes  No

### Emergency Contact Information:

\_\_\_\_\_  
Name (Person to be contacted)      (      )      -  
Phone Number

\_\_\_\_\_  
Street Address      City      State      Zip

Relationship:  Spouse  Mother  Father  Brother/Sister  Grandparent  Aunt/Uncle  Mother-in-law  
 Father-in-law  Guardian  Friend  Other - Specify \_\_\_\_\_

I hereby state that all of the above information is true and correct. I understand that falsifying information on this form may result in disciplinary action, up to and including immediate dismissal.

\_\_\_\_\_  
Signature      /      /  
Date