

WASHINGTON UNIVERSITY IN ST. LOUIS

Non-Employee Personal Information

Instructions: Please type information in fields below.
To mark a box, please type an X in the appropriate field.

PERSONAL DATA: EMPLID: Social Security Number: Jr.

Dr. Mr. Sr.
Miss Mrs. Name: First Middle Last II
Ms. Maiden III

Previous Name: Maiden

Single Married Separated Divorced Widowed Domestic Partner

Publish Home Info in WU Phone Book?

Address(es): (List business address only if off campus; mailing address only if different than home address.) Yes No

Home: Street City State Postal

Business: Street City State Postal

Mailing: Street City State Postal

Phone Numbers: (one is required)

Campus: Home: Business: Cellular: Fax: Pager:

E-Mail Address(s):

Campus: Home:

Gender: Male Female

Current W.U. Student: Yes No

Birth Date: Birth Country: Birth State: Birth City:

Citizenship (Check one):

Citizen or National of the U.S. Lawful Permanent Resident An Alien Authorized to Work Until

Visa Type

WASHINGTON UNIVERSITY IN ST. LOUIS

Non-Employee Personal Information

Work Location:

Primary Department: _____ Building Name: _____ Room #: _____ Campus Box #: _____

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					___ Yes ___ No	___ Yes ___ No
Master's					___ Yes ___ No	___ Yes ___ No
M.D. or Equivalent					___ Yes ___ No	___ Yes ___ No
Ph.D. or Equivalent					___ Yes ___ No	___ Yes ___ No
Additional Degree					___ Yes ___ No	___ Yes ___ No

For Postdoctoral Research Scholars Only:

	Start Date	End Date	School Name	State		
Previous Postdoctoral Experience						

Signature: _____ Date: ____ / ____ / ____

By typing my name above, 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.