



Faculty Personal Information Form

Date _____

To assist Corporate Personnel in compiling the required data, please supply the following information. Should any of this information change, please submit a new form.

Please check if this is a change or update to information currently on record.

Please Print Legibly

General Information – Please use name as printed on Social Security Card (US) or Social Insurance Card (Canada)			
Social Security Number		Birth date	
First	Middle	Last	
Address (Please provide the address your check is to be sent to. Your first payment will be sent through US mail).			
Street		City	State Zip Code
Phone Number () _____ - _____		Email Address	
For Online Canada New Hires			
Social Insurance Number			
Emergency Contact Information			
Name		Phone Number () _____ - _____	
Relationship			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Ex-spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Roommate
		<input type="checkbox"/> Neighbor	<input type="checkbox"/> Other