

TWU EMPLOYEE BIOGRAPHICAL DATA FORM

Prefix	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		
NAME	Last Name:	First Name:	Middle: Suffix:
PERMANENT ADDRESS			
	Street:	Apt:	
	City:	State:	Zip:
LOCAL ADDRESS			
	Street:	Apt:	
	City:	State:	Zip:
Phone Number	()		
Emergency Contact	Name:	Relationship:	
	Contact's Phone Number: ()		
Work Department	Department Name:	Location:	
	Building Name:	<input type="checkbox"/> Denton <input type="checkbox"/> Dallas <input type="checkbox"/> Houston	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Type of Employment	<input type="checkbox"/> Faculty <input type="checkbox"/> Adjunct <input type="checkbox"/> Staff <input type="checkbox"/> Temporary Staff <input type="checkbox"/> Graduate Assistant		
Date of Hire	Month/Day/Year: ___/___/___		
Nepotism Information	Are you related by blood or marriage to any member of the board of regents, faculty or staff of Texas Woman's University? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name and relationship: _____		
Education	Check Highest Education Level: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Doctor's Degree or Equivalent <input type="checkbox"/> Master's Degree or Equivalent <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College </div> <div style="width: 45%;"> <input type="checkbox"/> Business or Trade School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> 8 to 11 Years <input type="checkbox"/> Less than 8 Years </div> </div>		

Signature: _____ **Date:** _____