

ST. MARY'S COLLEGE OF MARYLAND
EMPLOYEE QUESTIONNAIRE

Dr./Mr./Mrs./Ms. _____ SS# _____ - _____ - _____

Date of Birth ____/____/____ Sex _____ Marital Status _____ Veteran? [] Yes [] No

Hispanic or Latino origin [] Yes [] No

Race [] 1 = American Indian or Alaska Native
[] 2 = Asian
[] 3 = Black or African American
[] 4 = Native Hawaiian or other Pacific Islander
[] 5 = White

Citizenship [] 1 = U.S. Citizen [] 2 = Non-Resident Alien [] 3 = Resident Alien
(If non-resident: Visa Type _____ Country _____ Expires _____)

*Home Address _____ *Home Phone _____

_____ City _____ County _____ State _____ Zip Code _____

Job Title _____ Department _____

Campus Address _____ Extension _____

*Name of Spouse or Partner _____

*Names of Children/Dependents _____
Residing in Your Home _____

Emergency Contact _____
Name Relationship Phone

Degrees (check all) [] 1 = Less than Bachelor's
[] 2 = Bachelor of _____ from _____
[] 3 = Post Baccalaureate Certificate
[] 4 = Master of _____ from _____
[] 5 = First-Professional
[] 6 = Certificate of Adv. Study/Adv. Graduate Spec.
[] 7 = Doctor of _____ from _____
[] 8 = Other

_____ I authorize the inclusion of the above marked (*) information in the Employee Directory.

_____ I do not want the above marked (*) information included in the Employee Directory.

Signed: _____ Date: _____