Western Kentucky University

Department of Human Resources

Employee Biographic Data Form

Name: _____ **WKU ID Number**:_____
(LAST) *(FIRST)* *(MI)*

Date of Birth: _____/_____/_____ **Sex**: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Home Phone Number: _____ Email address:_____

Racial/Ethnic Categories: Please check (✓) one

☐ **American Indian or Alaskan Native**. A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

☐ **Black**. A person who is not of Hispanic origin but having origins in any of the original peoples of Central or Southern Africa.

☐ **Asian or Pacific Islander**. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

☐ **Hispanic**. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race.

☐ **White**. A person who is not of Hispanic origin but having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Emergency Contact Person:

Name: _____ **Relationship**: _____

Home Phone Number:_____ **Work Phone Number**: _____

Please return this form to:
Department of Human Resources
Western Kentucky University
1906 College Heights Blvd.#11003
Bowling Green, KY 42101-1003
(270) 745-6383