

# Western Kentucky University



## Employee Biographic Data Form

Name: \_\_\_\_\_ WKU ID Number: \_\_\_\_\_  
(LAST) (MI) (FIRST)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Marital Status:  Single  Married  Divorced  Widowed  Domestic Partner

Work Address (Please include building and room #) \_\_\_\_\_

Work phone number \_\_\_\_\_

Home phone number \_\_\_\_\_

Racial/Ethnic Categories: Please check (✓) one

- American Indian or Alaskan Native
- Black/African American
- Asian
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Two or more
- No Response

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