

Western Kentucky University



Employee Biographic Data Form

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

Preferred First Name: _____ Employment Start Date: _____

Legal Sex: Male Female Gender Designation: _____ Personal Pronouns: _____

Date of Birth: _____ Home/Mobile Phone Number: _____

Campus Location: _____

Campus Phone Number: _____

Racial/Ethnic Categories: Please check (✓)

- 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 Name: _____

Emergency Contact Relationship: _____

Emergency Contact Home/Mobile Phone Number: _____