

# BI-WEEKLY EMPLOYEE INFORMATION SHEET

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

PERU ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
PO BOX OR STREET  
\_\_\_\_\_  
CITY STATE ZIP

CELL PHONE: ( ) \_\_\_\_\_

Campus Email : \_\_\_\_\_@\_\_\_\_\_

PERSONAL EMAIL: \_\_\_\_\_@\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Emergency Cell Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
PO BOX OR STREET  
\_\_\_\_\_  
CITY STATE ZIP

## **PERSONAL DEMOGRAPHICS:** PLEASE CIRCLE APPLICABLE STATUS

**Gender:** Male Female

**Academic Class:** Freshman Sophomore Junior Senior/+ Non-student

**Ethnic Group:** White, Non-Hispanic Black, Non-Hispanic Hispanic  
Asian/Pacific Islander Native American/Alaskan No Response

**Citizenship:** US Citizen Non-Citizen Non-Resident Alien  
Country: \_\_\_\_\_

**Military Status:** Not Applicable Vietnam Vet, disabled Vietnam Vet  
Active National Guard Other Vet, disabled Other Vet

Work Location: \_\_\_\_\_

\*\*\*\*Employment **cannot** begin until **ALL DOCUMENTATION** is received & returned to H.R.\*\*\*\*

To be completed by H.R.

Personnel: \_\_\_\_\_ Position#: \_\_\_\_\_

E-Verify: \_\_\_\_\_