

PERSONAL DATA - FOR EMPLOYEE TO COMPLETE

				<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
LAST Name	Formal FIRST Name (or initial if used)	Formal MIDDLE Name (or initial if used)	Nickname (if used)	Gender	Date of Birth mm/dd/yy

Home Address	Home Phone	Cell Phone
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Ethnicity and Race

1. Are you Hispanic or Latino? YES NO
2. Select one or more of the following Races:
- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian/ Pacific Islander
 White

Veteran Status	International Student Status	Cairn Student Enrollment
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Check here if you are a veteran of the U.S. armed services
 Check here if you are an international student on an H1 Visa.
 Check here if you were ever enrolled at Cairn University

Did your spouse attend or graduate from Cairn? <input type="checkbox"/> Yes, attended <input type="checkbox"/> Yes, graduated in (year):		If yes, please provide spouse's name (including maiden name if applicable)	
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Who should we contact in the event of an emergency?

Primary Person's Name & Relationship	Primary Person's Phone Number(s)	Secondary Person's Name & Relationship	Secondary Person's Phone Number(s)
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If you have children who are pre-college-aged please assist our recruitment efforts by listing your children's names and birth years.

Name	Year of Birth	Name	Year of Birth	Name	Year of Birth	Name	Year of Birth
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Education: List your highest level of education below.

School Name	Program; Certificate/Degree Earned	Year Completed
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Below, indicate the denomination of the church you attend. If it is not denominationally-affiliated, please write "N.D."


SIGNATURE
DATE SIGNED