

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
Preferred Personal Email Address		Cell Phone

Veteran Status
 Check here if you are a veteran of the U.S. armed services

International Student Status
 Check here if you are an international student on an H1 Visa.

Cairn Student Enrollment
 Check here if you were ever enrolled at Cairn University

Did your spouse attend or graduate from Cairn?	Yes, attended
	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



SIGNATURE

DATE SIGNED