

PERSONAL DATA - FOR EMPLOYEE TO COMPLETE

				Male	/ /
				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

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
-----------------------	-------------------------------------	---------------------------------

- 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?	Yes, attended	If yes, please provide spouse's name (including maiden name if applicable)	
	Yes, graduated in (year):		

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)

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

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


SIGNATURE
DATE SIGNED