

Wilmington University
Employee Personal Data Sheet

PLEASE COMPLETE THE FOLLOWING INFORMATION
AND RETURN TO
Human Resources

Employee Name: _____	
Employee Address: _____	
City: _____	State: _____
Zip: _____	
DOB: _____	
Please check appropriate box:	
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	
<input type="checkbox"/> African American	
<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Other _____	
Employee Home Phone #:	*Employee Mobile #:
Employee Work Number:	Employee Extension:
Employee Email Address:	

Emergency Contact Information

Primary Contact's Name in Case of Emergency:	
Telephone Number:	Mobile #:
Relationship:	

Alternate Contact's Name in Case of Emergency:	
Telephone Number:	Mobile #:
Relationship:	

* I _____ understand that listing my mobile telephone number gives consent to receive inclement weather/emergency notifications to the mobile device listed above.