

# Non Employee Associate Form

Social Security Number		
Last Name	First Name	
Date of Birth		
Home Address:		Apt #
City	State	Zip Code
Home Phone Number	Cell Phone Numb	oer
EMERGENCY CONTACT INFOR	RMATION	
Last Name	First Name	
Relationship	Phone Number	
HIRING DEPARTMENT COMP  Campus Address:		
Campus Address:	Title	
Campus Address: Office Phone Number	Title	
Campus Address: Office Phone Number Department Name	Title	
Campus Address: Office Phone Number Department Name_ Check Box that Applies	Title	
Campus Address: Office Phone Number Department Name_ Check Box that Applies	Title Manager	
Campus Address: Office Phone Number Department Name Check Box that Applies E-mail AccountFinancial	Title Manager	Date

# **MUST COMPLETE THIS SECTION**

# **RACE-More than one can be selected**

- WHITE
- BLACK or AFRICAN AMERICAN
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
- ASIAN
- AMERICAN INDIAN or ALASKAN NATIVE

# **ETHNICITY-Select ONE**

- HISPANIC or LATINO
- NOT HISPANIC or LATINO

#### **GENDER-Select ONE**

- MALE
- FEMALE

#### **MARITAL STATUS-Select ONE**

- S-SINGLE
- M-MARRIED

# **CITIZENSHIP-Select ONE**

- US CITIZEN
- NON-US CITIZEN

#### RESIDENCY STATUS-Select ONE

- N-NON RESIDENT ALIEN
- P-PERMANENT RESIDENT
- U-UNITED STATES CITIZEN
- R-RESIDENT ALIEN
- X-UNKNOWN