

**CENTENARY COLLEGE OF LOUISIANA  
PERSONNEL INFORMATION**

Employee Last Name		First Name		Middle Name or Initial		Suffix	
Social Security Number - -		Date of Birth / /		Gender: Female / Male		Status: Single / Married	
Residential Address:		City		State		Zip	
Mailing Address (If different)		Alternate Contact : (Cell, Message Phone)_____		Email Address: _____			

**ETHNICITY/HISPANIC ORIGIN (select one)**

Hispanic Origin includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. It does not include persons from Portuguese speaking cultures such as Portugal or Brazil. The Spanish/Hispanic/Latino question is about ethnicity, not race.

Are you of Hispanic Origin?    \_\_\_ Yes    \_\_\_ No

**RACE INFORMATION (select one)**

- \_\_\_ American Indian or Alaskan Native (not Hispanic or Latino)
- \_\_\_ Asian (not Hispanic or Latino)
- \_\_\_ Black/African-American (not Hispanic or Latino)
- \_\_\_ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- \_\_\_ White/Caucasian (not Hispanic or Latino)
- \_\_\_ Two or More Races (not Hispanic or Latino)

**EDUCATION INFORMATION (Check Highest Level of Education Achieved)**

Indicate Highest Level Completed:

- |  |   |
|--|---|
| ___ Less than High School Graduate                 | ___ College Graduate (BA or BS Degree) 4 Year College |
| ___ Vocational School did not complete High School | ___ Some Graduate Work                                |
| ___ High School Graduate or GED                    | ___ M.A./M.S./M.S.W. or Other Master Degree           |
| ___ Vocational or Business School                  | ___ Other Graduate Degree (Ph.D./LL.D./M.D./etc.)     |
| ___ Some College (two quarters or more)/AA Degree  |   |

Degrees, professional licensures or certifications completed. List the name of graduating or certifying institution and year of recognition. If required for position, provide certified copy of degree, license or certification:

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**EMERGENCY INFORMATION**

*Emergency Name #1* \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*Emergency Name #2* \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*List any known allergies:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By your signature, you are certifying that the information you have provided is true and complete to the best of your knowledge. You understand that the College may verify information and that untruthful or misleading answers are cause for termination of employment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

**TO BE COMPLETED BY DEPARTMENT OF HUMAN RESOURCES**

Campus Office Address \_\_\_\_\_

Office telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Title/Position \_\_\_\_\_

Department \_\_\_\_\_