

**LANGSTON UNIVERSITY
OFFICE OF HUMAN RESOURCES
PERSONAL INFORMATION FORM**

SOCIAL SECURITY NUMBER

_____ NEW EMPLOYEE (PLEASE COMPLETE ENTIRE FORM)

_____ **CHANGE CURRENT INFORMATION (NAME AND INFORMATION THAT NEEDS UPDATING)**

_____ **NAME CHANGE***

NAME (As shown on Social Security Card using Last, First, Middle format)		SUFFIX (JR., SR.)	PREFIX (DR., MR., MRS., MS.)	
PERMANENT ADDRESS: STREET (FOR W-2 MAILING)		CITY	STATE	ZIP CODE
HOME PHONE ()	WORK LOCATION INFORMATION ___ LANGSTON ___ OKC ___ TULSA	BUILDING NAME		ROOM NUMBER
E-MAIL ADDRESS	WORK PHONE NUMBER	DEPARTMENT NAME	IMMEDIATE SUPERVISOR	
EMERGENCY CONTACT'S NAME (FIRST, LAST)		CONTACT'S RELATIONSHIP	CONTACT'S PHONE ()	

COMPLETE ALL FIELDS WHICH APPLY

PERSONAL INFORMATION

<u>SEX</u> ___ MALE ___ FEMALE	<u>DATE OF BIRTH</u>	___ ASIAN /PACIFIC ISLANDER ___ BLACK ___ HISPANIC ___ NATIVE AMERICAN ___ WHITE ___ OTHER _____	<u>MARITAL STATUS</u> ___ SINGLE ___ MARRIED
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EDUCATION LEVEL	TYPE OF DEGREE	FIELD OF STUDY	YEAR	NAME OF INSTITUTION
HIGH SCHOOL DIPLOMA	_____	_____	_____	_____
LICENSE/CERTIFICATE	_____	_____	_____	_____
ASSOCIATE DEGREE	_____	_____	_____	_____
BACHELOR'S DEGREE	_____	_____	_____	_____
MASTER'S DEGREE	_____	_____	_____	_____
PROFESSIONAL DEGREE	_____	_____	_____	_____
DOCTORATE DEGREE	_____	_____	_____	_____

REFERRAL SOURCE ___ PUBLIC EMPLOYMENT AGENCY ___ PERSONAL REFERRAL ___ PRIVATE EMPLOYMENT AGENCY ___ SPECIAL RECRUITMENT ___ MEDIA AD ___ WALK IN ___ OTHER _____	<p style="color: blue; font-size: small;">* A COPY OF A SOCIAL SECURITY CARD WITH THE NEW NAME MUST BE PROVIDED FOR A NAME CHANGE TO BE PROCESSED.</p> <hr style="width: 80%; margin: auto;"/> <p style="text-align: center; margin: 0;">EMPLOYEE SIGNATURE AND DATE</p> <div style="background-color: #e0e0e0; padding: 5px; font-size: x-small;"> This form only changes the basic employee demographic information in HRS and does Not update payroll, benefits or beneficiary information or other university systems. </div>
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Date of Hire: _____

Title: _____