

Employment Record

Name: _____

 Last First Middle Preferred First Name

Date of Employment: _____ Type of Position (i.e.: Faculty, Staff): _____

Title: _____ Department or College: _____

Campus Phone Extension: _____ Building/Office Location: _____

Home Address: _____

 Street Apt. # City State Zip

Home Phone No. _____ Cell Phone No. _____

(Non-Drake) E-mail Address: _____

Date of Birth: ____/____/____ Sex: ___ Male ___ Female ___ Other: _____

Are you of Hispanic or Latino? ___ Yes ___ No, not Hispanic or Latino

Select one or more of the following racial categories to describe yourself:

___ American Indian/Alaskan Native ___ Asian ___ Black or African American

___ Native Hawaiian or Pacific Islander ___ White ___ Prefer Not to Answer

Marital Status: ___ Single ___ Married

Spouse/Partner Name: _____ Spouse/Partner DOB: _____

Dependents Name(s) & Their DOBs: _____

Previously employed at Drake? ___ Yes ___ No

 If yes: Start Date: _____ Separation Date: _____

Previously employed by an accredited college or university in a *regular full-time position* (this does not include student work at the undergraduate or graduate level) immediately preceding your date of employment with Drake? ___ Yes ___ No

 If yes: Start Date: _____ Separation Date: _____

 Name of College/University: _____

Emergency Contact: _____

 Name Relationship

Phone: (Home) _____ (Cell) _____ (Work) _____

Human Resources Use Only

___ I-9 Completed Date: _____ Eligibility/Comments: _____

___ Policy Handbook form signed Date: _____ HR Initials: _____