

DRAKE UNIVERSITY EMPLOYMENT RECORD

Soc. Sec. No.: _____ - _____ - _____ Date of Employment: ____/____/____

Name: _____
Last First Middle Preferred First Name

Type of Position (ie.: Faculty, Clerical, Service): _____

Title: _____

Department/College: _____

Campus Phone Extension: _____ Campus/Office Location: _____

Home Address: _____
Street Apt. #

City State Zip Home Phone Number Cell Phone Number

Date of Birth: ____-____-____ Sex: Male Female

Race/Ethnicity: White African American Hispanic
 Asian/Pacific Islander American Indian/Alaskan Native

Marital Status: Single Married

Spouse/Partner Name: _____ DOB: _____ Dependents Name(s) & DOB: _____

Previously employed at Drake? Yes No
If yes: Start Date: _____ Separation Date: _____

Previously employed by an accredited college or university immediately preceding your date of employment with Drake? Yes No
If yes: Start Date: _____ Separation Date: _____
Name of College/University: _____

In Emergency, Contact: (Name) _____

Phone: (Home) _____ (Office) _____ Relationship: _____

FT Employees only:

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|---------------------------------------|---|---|---|--|---|
| How did you hear about this position? | <input type="checkbox"/> Drake employment website | <input type="checkbox"/> Iowa Workforce Development | <input type="checkbox"/> Drake employee | <input type="checkbox"/> IowaSmartMove.com | <input type="checkbox"/> Other Explain: |
|---------------------------------------|---|---|---|--|---|

FOR OFFICE USE ONLY:

I-9 Completed Date: _____ Eligibility: _____