Confidential

BAYLOR UNIVERSITY
Personnel Information Form (PIF)
BU-PP 120C

To Be Completed After Employment

Social Security: _____

A. Name:_____
Last First Middle Preferred First Name

B. Permanent Address: _____
Street/box/Route City/State Zip Telephone

C. Spouse's Name:_____ **Department**:_____
(Applicable if spouse is employed by Baylor)

D. Birth Date:
_____ _____ _____
Month Day Year

E. Ethnicity (select all the apply):
☐ American Indian or Alaska Native (I)
☐ Asian (A)
☐ Black or African American (B)
☐ Caucasian (White) (C)
☐ Hispanic or Latino (A)
☐ Native Hawaiian or Other Pacific Islander (P)
☐ Other (O)

F. Gender:
☐ Male
☐ Female

G. Marital Status:
☐ Single (S)
☐ Married (M)

H. U.S. Citizenship Status:
☐ Yes (Y)
☐ No (N)
☐ Permanent Visa (PV)
☐ Work Visa (WV)

I. Completed I-9:
☐ Yes (Y)
☐ No (N)

J. Religious Affiliation:
Baptist ☐ Other ☐ (Indicate affiliation): _____

K. Military Status: Active Duty (list branch of service): _____
Served in Armed Force(s): From: _____To: _____Branch:_____
Veteran: ☐Yes ☐No Years of Service: From: _____ To:_____

L. Disability Status: (Are you medically classified as an individual with a disability)
Do you have a disability: ☐ Yes ☐ No
If yes, explain:

M. Previously employed at an accredited college/university:
☐ Yes ☐ No If yes please check: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Graduate Assistant

If yes, indicate institution & accreditation agency: _____

Date employed: From:_____-_____-_____ To: _____-_____-_____

N. Education:

Degree:	Institution:	State:	Major:	Start:	End:

O. In case of an emergency, we should contact:
Name: _____ Relationship: _____
Telephone: Home _____Business_____
Address: _____
Street/Box/Route City State Zip

P. Baylor Online Directory Release Options:
☐ Y = HOME and CAMPUS address & phone number published
☐ C = Only CAMPUS address & phone number published
☐ N = No address or phone number published in the directory.

Reset Form Print Form Submit Form

_____
Employee Signature Date