



## PERSON DATA ENTRY FORM

# Human Resources

429 N. Church St.  
Spartanburg, SC 29303-3663  
Phone: (864) 597-4230  
FAX(secure):(864) 597-4289  
Email: [listercb@wofford.edu](mailto:listercb@wofford.edu)

*Please type information for all parts except signature. Please sign manually.  
Print completed copy of this form and return to Human Resources via fax or mail.*

### PART (A) - LEGAL NAME:

First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>	
Prefix(Mr, Mrs,Dr)	<input type="text"/>	Preferred First Name	<input type="text"/>		Suffix(Jr, Sr, III)	<input type="text"/>

### PART (B) - BIOGRAPHIC INFORMATION:

Date of Birth:	Month(i.e. Feb) <input type="text"/>	Day (DD) <input type="text"/>	Year(YYYY) <input type="text"/>	Social Security Number	<input type="text"/>
Ethnicity: (check one or more)					
<input type="checkbox"/> 01-White	<input type="checkbox"/> 02-Black or African American	<input type="checkbox"/> 03-American Indian/Alaska Native			
<input type="checkbox"/> 04-Asian	<input type="checkbox"/> 05-Hispanic or Latino	<input type="checkbox"/> 06-Native Hawaiian/Pacific Islander			
<input type="checkbox"/> 07-Race/Ethnicity Unknown					
			Gender:	Citizenship:	
			<input type="radio"/> Male	<input type="radio"/> Y-Citizen	
			<input type="radio"/> Female	<input type="radio"/> N-Non Citizen	

### PART (C) - ADDRESS INFORMATION:

Address Line 1:	<input type="text"/>				
Address Line 2:(optional, as needed)	<input type="text"/>				
City:	<input type="text"/>	State	<input type="text"/>	Zip Code:	<input type="text"/>
Home Phone Number	<input type="text"/>				

### PART (D) - RELATIONSHIP:

TYPE:	<input type="radio"/> New Employee	<input type="radio"/> Temporary or Contract Services	<input type="radio"/> Third Party Contractor
PRIOR AFFILIATION WITH WOFFORD COLLEGE (Check all that apply):			
<input type="radio"/> Employee	<input type="radio"/> Student	<input type="radio"/> Volunteer	<input type="radio"/> Donor
<input type="radio"/> Alumnus	<input type="radio"/> ROTC	<input type="radio"/> Aramark	<input type="radio"/> Other <input type="text"/>

Supervisor Name

Department

Hire Date:

"I have read and agree with the Policy on the Responsible and Ethical Use of Wofford College Technology Resources. A copy of this policy is available on the Wofford College Information Technology website: <http://www.wofford.edu/technology> "

SIGNATURE:

(must be manual)

OFFICE USE ONLY

Wofford ID: