East Texas Baptist University
Personnel Questionnaire

Employee Name: _____
Last First Middle Maiden Preferred Name

Mailing Address: _____
Street or P.O. Box City State Zip Code

Home Telephone Number: _____ County: _____

Cell Phone Number: _____ Marital Status: _____

Religious Affiliation: _____ Birthplace: _____

Racial/Ethnic Background:

(1) Do you consider yourself to be Hispanic/Latino? ☐ Yes ☐ No

(2) In addition, select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander
☐ Asian ☐ White ☐ Black or African American

Campus Extension Number: _____ Campus Post Office Box Number: _____

Education:

Institutions Attended	Degrees or Certificates Earned
_____	_____
_____	_____
_____	_____

Spouse Name: _____
Last First Middle Maiden Preferred Name

Person to contact in case of emergency: _____ Emergency Phone No. _____

Children Information:

Full Name	Gender- M/F	Birth Date	Dependent
_____	☐ M ☐ F	_____	☐ Yes ☐ No
_____	☐ M ☐ F	_____	☐ Yes ☐ No
_____	☐ M ☐ F	_____	☐ Yes ☐ No
_____	☐ M ☐ F	_____	☐ Yes ☐ No

Mark ***Yes*** or **No** below to indicate whether or not you consent to release the following information for the ETBU on-line personnel directory:

Home Phone Number: ☐ ***Yes*** ☐ ***No*** Children's Names: ☐ ***Yes*** ☐ ***No***

Spouse's Name: ☐ ***Yes*** ☐ ***No*** Home Address: ☐ ***Yes*** ☐ ***No***

_____ _____
Employee Signature Date

Submit Form

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