

**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 No.: \_\_\_\_\_ - \_\_\_\_\_                      County: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_                      Marital Status: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_                      Date of Birth (Month/Day): \_\_\_\_\_

Name of local church where you are an active member: \_\_\_\_\_

Demographic information for federal reporting (optional):

(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 Building Location: \_\_\_\_\_

Education:

Institutions Attended

Degrees or Certificates Earned

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you employed outside of ETBU?     Yes     No    If so, Name of Organization: \_\_\_\_\_

Spouse Name \_\_\_\_\_

Last                      First                      Middle                      Maiden                      Preferred Name

Person(s) to contact in case of emergency: \_\_\_\_\_                      Emergency Phone No(s). \_\_\_\_\_

Children Information:

Full Name	Gender- M/F	Birth Date	Dependent
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**This information becomes a part of your Personnel File maintained in the Financial Affairs Office.**

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    Date of Birth:     Yes     No

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

The personal information provided will not be released to any third party, but may be utilized within the Administration of the University.