

**LANGSTON UNIVERSITY
OFFICE OF HUMAN RESOURCES
PERSONAL INFORMATION FORM**

SOCIAL SECURITY NUMBER

_____ NEW EMPLOYEE (PLEASE COMPLETE ENTIRE FORM)

_____ CHANGE CURRENT INFORMATION (NAME AND INFORMATION THAT NEEDS UPDATING)

_____ NAME CHANGE*

NAME (As shown on Social Security Card using Last, First, Middle format)		SUFFIX (JR., SR.)	PREFIX (DR., MR., MRS., MS.)	
PERMANENT ADDRESS: STREET (FOR W-2 MAILING)		CITY	STATE	ZIP CODE
HOME PHONE ()	WORK LOCATION INFORMATION ___ LANGSTON ___ ARDMORE ___ OKC ___ TULSA	BUILDING NAME		ROOM NUMBER
E-MAIL ADDRESS	WORK PHONE NUMBER	DEPARTMENT NAME	IMMEDIATE SUPERVISOR	
EMERGENCY CONTACT'S NAME (FIRST, LAST)		CONTACT'S RELATIONSHIP	CONTACT'S PHONE ()	

COMPLETE ALL FIELDS WHICH APPLY PERSONAL INFORMATION

<p style="text-align: center;"><u>SEX</u></p> <p>___ MALE</p> <p>___ FEMALE</p>	<p style="text-align: center;"><u>DATE OF BIRTH</u></p>	<p style="text-align: center;">ASIAN /PACIFIC ISLANDER</p> <p>___ BLACK HISpanic</p> <p>___ NATIVE AMERICAN</p> <p>___ WHITE OTHER</p>	<p style="text-align: center;"><u>MARITAL STATUS</u></p> <p>___ SINGLE ___ WIDOWED</p> <p>___ MARRIED ___ DIVORCED</p>
<p>REFERRAL SOURCE</p> <p>___ PUBLIC EMPLOYMENT AGENCY PERSONAL</p> <p>___ REFERRAL</p> <p>___ PRIVATE EMPLOYMENT AGENCY SPECIAL</p> <p>___ RECRUITMENT</p> <p>MEDIA AD</p> <p>WALK IN</p> <p>OTHER _____</p>		<p>* A COPY OF A SOCIAL SECURITY CARD WITH THE NEW NAME MUST BE PROVIDED FOR A NAME CHANGE TO BE PROCESSED.</p> <p style="text-align: center;">_____ EMPLOYEE SIGNATURE AND DATE</p> <p style="font-size: small; text-align: center;">This form only changes the basic employee demographic information in HS and does not update payroll, benefits or beneficiary information or other university systems</p>	

Date of Hire: _____ **Title:** _____