

**Roger Williams University**

**Human Resources Employee Questionnaire**

**PLEASE PRINT CLEARLY.**

**PERSONNEL INFORMATION**

**1. Prefix:**

Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Last** **First** **Middle Initial**

**3. Suffix:**

Jr.  II  Ph.D.  J.D.  
 Sr.  III  CPA  Esq.  Other \_\_\_\_\_

**4. Mailing Address:** \_\_\_\_\_

**Street** **Apt. #**

**City** **State** **Zip Code**

**E-mail Address** **Type:**  Home  Business  Other

**5. Telephone Number(s):**

1. \_\_\_\_\_ Ext. \_\_\_\_\_ **Type:**  Home  Cell  Alternate

2. \_\_\_\_\_ Ext. \_\_\_\_\_ **Type:**  Home  Cell  Alternate

3. \_\_\_\_\_ Ext. \_\_\_\_\_ **Type:**  Home  Cell  Alternate

**6. Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**7. Birth Date:** **Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_

**8. Birthplace:** \_\_\_\_\_  
**City** **State** **Country**

**9. Gender:**

Male  Female

**10. Marital Status:**

Single  Married  Domestic Partner  Divorced  Widowed  Separated

**EMERGENCY CONTACT INFORMATION**

**Contact Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PERSONAL INFORMATION**

**Spouse/Domestic Partner:**

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Birth Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Gender:**  Male  Female

**Mailing Address:** \_\_\_\_\_  
(if different) Street Apt. #  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Country

**Child 1:**

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Birth Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Gender:**  Male  Female

**Mailing Address:** \_\_\_\_\_  
(if different) Street Apt. #  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Country

**Child 2:**

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Birth Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Gender:**  Male  Female

**Mailing Address:** \_\_\_\_\_  
(if different) Street Apt. #  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Country

**Child 3:**

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Birth Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Gender:**  Male  Female

**Mailing Address:** \_\_\_\_\_  
(if different) Street Apt. #  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Country

**ACADEMIC INFORMATION**

Level of School	School Name	Major(s)/Concentration(s)	Attended From/To	Degree(s)/ Diploma(s) Obtained (Specify Type)
High School/College Prep				<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Study				<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional or Other Education/Certification				<input type="checkbox"/> Yes <input type="checkbox"/> No

**FOREIGN LANGUAGE INFORMATION**

Native Language: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Other Language(s) Spoken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Race/Ethnicity Definitions**

*Derived from the U.S. Equal Employment Opportunity Commission*

Race/Ethnicity is defined as a category used to describe groups to which individuals belong, identify with, or belong in the eyes of the community. The categories do not denote scientific definitions of anthropological origins. A person may be counted in only one group.

### **American Indian/Alaskan Native (Not Hispanic or Latino):**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

### **Asian (Not Hispanic or Latino):**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

### **Black/African American (Not Hispanic or Latino):**

A person having origins in any of the black racial groups of Africa.

### **Hispanic/Latino:**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

### **Native Hawaiian/Pacific Islander (Not Hispanic or Latino):**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### **White (Not Hispanic or Latino):**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**GOVERNMENT REQUIREMENTS AND REGULATIONS QUESTIONNAIRE**

***Disclosure of any of the following information is not mandatory;  
any information you choose to provide will in no way be associated with your personnel folder.***

*Information to be used for Equal Employment Opportunity purposes ONLY:*

**Name:**

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**Check all that apply:**

- Male       Female       Disabled       Veteran

**Ethnicity:**

- Hispanic/Latino  
 Non-Hispanic/Latino

**Race (Definitions provided on the reverse):**

- American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Native Hawaiian/Pacific Islander  
 White

**If Multi-Racial, please specify:**

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**Veteran Status (if applicable):**

- Qualified Disabled Veteran  
 Vietnam Era Veteran  
 Other Protected Veteran  
 Recently Separated Veteran

**Status:**

- U.S. Citizen  
 Resident Alien  
 Alien - Alien Registration Number: \_\_\_\_\_

**Immigration Status:**

- Resident Alien  
 Non-Resident Alien  
 Student      **Visa Type:** \_\_\_\_\_      **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_