



Xavier University of Louisiana Department of Human Resources

Student Employee Data Record

PERSONAL

(Please print the following information)

Name: Mr. Mrs. Ms. Dr. _____
Last First Middle

SS #: _____ XUID: _____ Date of Birth: _____

Permanent Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

XULA Email Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Person: _____

Emergency Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Telephone: _____ Relationship: _____

DEMOGRAPHIC INFORMATION

Ethnicity Category: Non-Hispanic or Non-Latino Hispanic or Latino

Ethnicity: African American/Black American Indian or Alaskan Native Asian

Native Hawaiian or Other Pacific Islander Caucasian/White

Gender: Male Female

Marital Status: Single Married Divorced Widowed

U.S. Citizen: Yes No

U.S. Veteran: Yes No If yes, dates of Military Service: Start _____ End _____

Education: G.E.D. Diploma Associate Bachelor Masters Ph.D. Other

WORK LOCATION AND PROGRAM

Date of Hire: _____ Department: _____

Supervisor: _____

Hiring Program: Departmental Hire Program (DHP) Federal Work Study (FWS)

Signature

Date