

**TRINITY UNIVERSITY**  
**Personal Data Form**

(Circle One)

PREFERRED TITLE: Mr. Mrs. Ms. Dr. DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

RACE/ETHNICITY (For Reporting Purposes Only):

Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Native American \_\_\_\_\_ Hispanic \_\_\_\_\_

Asian-American \_\_\_\_\_ Other \_\_\_\_\_

U.S. CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_ CITIZENSHIP IF NOT U.S.: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
(Name) (Phone)

LEVEL OF HIGHEST EDUCATION: \_\_\_\_\_

BACHELOR'S DEGREE (School & Year): \_\_\_\_\_

MASTER'S DEGREE (School & Year): \_\_\_\_\_

DOCTORATE DEGREE (School & Year): \_\_\_\_\_

**EMPLOYMENT RECORD**

DATE EMPLOYED: \_\_\_\_\_ FULL-TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

EXTENSION: \_\_\_\_\_ ROOM # & BLDG.: \_\_\_\_\_

Revised 11/02