



# Southwestern Oregon Community College

Please print legibly.

## PERSONNEL INFORMATION

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name as it appears on Social Security Card

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth (City, State)

\_\_\_\_\_  
Preferred Name

**Please indicate the following:**

**Gender:**

- Male  
 Female

**Marital Status:**

- Single       Divorced       Widowed  
 Married       Separated

\_\_\_\_\_  
Spouse's name, if married

**Ethnicity**

**Please check one:**

- Hispanic/Latino       Non Hispanic/Latino

**Race**

**Also check one or more of the following:**

- American/Alaska Native       Asian       Black/African American  
 Hawaiian/Pacific Islander       White

*Southwestern Oregon Community College is an equal opportunity educator and employer*

FOR OFFICE USE ONLY:

Current Employee \_\_\_\_\_

PT Faculty \_\_\_\_\_

Temporary \_\_\_\_\_