



WPI

WPI PERSONAL DATA CARD

Personal Information

Name: _____ Title: Ms. Mrs. Miss Mr. Dr. Other _____

Address: _____
Street City State Zip Code

Telephone Number _____ Check if unlisted Date of Birth: _____ Sex: **M** or **F**

Social Security Number _____

Marital Status: _____ Maiden Name (If Applicable): _____

Spouse/Domestic Partner
Name: _____

Employment Information

Date of Hire: _____
 Full-Time Part-Time Title: _____ Department: _____

Tenured/Tenure-Track Faculty Only WPI Employment History (To be completed by the Provost's Office)

Tenure Effective Date: _____

Dates:	Position:
_____	_____
_____	_____
_____	_____

Citizenship Are you a U.S. Citizen? YES NO

If **NO**, are you on a VISA? YES NO

If **NO**, are you a permanent resident? YES NO

Veteran/Disability Survey Are you a Vietnam-Era Veteran? YES NO

Do you have a Disability? YES NO

If **YES**, what type? Medical Hearing Sight Mobility Other

Ethnicity

- HISPANIC or LATINO
 - NATIVE HAWAIIAN or other PACIFIC ISLANDER (Not Hispanic or Latino)
 - WHITE (Not Hispanic or Latino)
 - BLACK or AFRICAN AMERICAN (Not Hispanic or Latino)
 - ASIAN (Not Hispanic or Latino)
 - AMERICAN INDIAN or ALASKAN NATIVE (Not Hispanic or Latino)
 - TWO OR MORE RACES (Not Hispanic or Latino)
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WPI Office Location

Office/Building: _____ Floor: _____ Room: _____ Extension: _____

Emergency

Who may we contact in the event of an emergency? Name: _____
Telephone: _____ Relationship: _____

Signature: _____ Date: _____