



**CLAFLIN UNIVERSITY  
PERSONAL DATA**

**Name**

(Please Print) Last First Middle

Address

City/State Zip Code

Home Phone ( ) Campus or Cell Phone

In Case of Emergency, Call:

Phone ( ) Address:

City/State Zip Code

Sex Marital Status: Single Married Divorced Separated

Date of Birth Place of Birth  
Month/Date/Year City/County

State/Country

U.S. Citizen: Yes No If not, Status: Res. Alien Non-Res. Alien

Department Position or Title

Date Employed Social Security #

Please Check Appropriate Position: Full Time

Staff Faculty Adjunct Student Part Time

Contract Length: (Please Circle Appropriate Month)

8 mos. 9 mos. 9 1/2 mos. 10 mos. 10 1/2 mos. 11 mos. 11 1/2 mos. 12 mos.