Human Resource Services Confidential Information

Please return by one of these options: email to hrservices@dickinson.edu, fax 717-245-1785,
mail to Dickinson College, Human Resource Services, PO Box 1773, Carlisle PA 17013, or visit us at 55 N. West St, Carlisle PA

Full Name: _____
First MI Last

Nickname (if applicable): _____

Address: _____
Street City State Zip

Home Phone: _____ Social Security Number: _____
(xxx) xxx-xxxx

Date of Birth: _____ Gender: _____
Month / Day / Year

Select your citizenship:

◯ A citizen or national of the United States ◯ A lawful permanent resident (Alien #) A_____

◯ An alien authorized to work until _____

Select your ethnicity (please self-identify):

◯ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

◯ **Not Hispanic or Latino**

Please check one or more of the following groups in which you consider yourself to be a member:

☐ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. Including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American**- A person having origins in any of the black racial groups of Africa.

☐ **Hispanic** - A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White, non-Hispanic** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Marital Status: _____ Spouse/Same-Sex Partner's Name: _____
single / married / other (if applicable) Date of Birth Gender

Dependents (regardless of insurance coverage):

_____ _____
Name Date of Birth Gender Name Date of Birth Gender

_____ _____
Name Date of Birth Gender Name Date of Birth Gender

_____ _____
Name Date of Birth Gender Name Date of Birth Gender

Emergency Contact Name/Relationship: _____ _____
Name Relationship

Emergency Contact Information: _____
Home phone Cell Phone Work phone