

Creighton UNIVERSITY

NAME AND SOCIAL SECURITY NUMBER

Please enter *Last, First, and Middle* Names as it appears on Social Security Card

Last Name: _____

First Name: _____

Middle: _____

Preferred/Nick Name: _____

SSN: _____ - _____ - _____ MALE
 FEMALE

BIRTH INFORMATION AND MARITAL STATUS

Birth Date: _____ - _____ - _____
Month Day Year

Town of Birth: _____

State of Birth: _____

Country of Birth: _____

Marital Status:

- Single Widowed
 Married *See below Legally Separated
 Divorced

*If married, is your spouse a current Creighton Employee?

- Yes* No

*If yes, spouse's full name

ETHNIC GROUPS

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian/Other Pacific Islander
 Two or More Races
 White

RELIGION

- Greek Orthodox Jewish
 Hindu Protestant
 Islam Roman Catholic
 Other _____

TODAY'S DATE: _____

HAVE YOU EVER BEEN EMPLOYED BY
CREIGHTON UNIVERSITY? YES NO

If so, dates of employment: _____

CITIZENSHIP

Citizenship: United States? Yes No *See below

*If NO, country of citizenship: _____

ADDRESS

Address: _____

PO Box/Apt Number: _____

City: _____ State: _____

Zip Code: _____ County: _____

Home Phone: (____) _____ - _____

Alternate/Cell Number: (____) _____ - _____

EMERGENCY CONTACT

Emergency Contact: _____

Relationship: _____

Address: _____

City: _____ State: _____

Phone #1: _____

Phone # 2: _____

EDUCATION

High School Graduate or GED: Yes No

Technical or Trade School: Yes No

Certifications/Licenses: _____

College/University: _____ From _____ To _____ Degree _____

SPOUSE INFORMATION

Spouse: (Print the Name as it appears on Social Security Card)

Name: _____ Male Female
First Middle Last

SSN: _____ - _____ - _____ Birth Date: _____ - _____ - _____
Month Day Year

Current Creighton University Employee ----- Yes No
Former Creighton University Employee ----- Yes No *If yes, dates of employment _____
Does your spouse live with you? ----- Yes No

If NO, what is his/her current address? _____

DEPENDENT(S) INFORMATION

Dependent Under the age of 25: (Print the Name as it appears on Social Security Card)

Name: _____ Male Female
First Middle Last

SSN: _____ - _____ - _____ Birth Date: _____ - _____ - _____
Month Day Year

Current Creighton University Employee ----- Yes No
Former Creighton University Employee ----- Yes No *If yes, dates of employment _____
Full-time student **over** age 18 ----- Yes No
Does this dependent live with you? ----- Yes No

If NO, current address? _____

Dependent Under the age of 25: (Print the Name as it appears on Social Security Card)

Name: _____ Male Female
First Middle Last

SSN: _____ - _____ - _____ Birth Date: _____ - _____ - _____
Month Day Year

Current Creighton University Employee ----- Yes No
Former Creighton University Employee ----- Yes No *If yes, dates of employment _____
Full-time student **over** age 18 ----- Yes No
Does this dependent live with you? ----- Yes No

If NO, current address? _____

Dependent Under the age of 25: (Print the Name as it appears on Social Security Card)

Name: _____ Male Female
First Middle Last

SSN: _____ - _____ - _____ Birth Date: _____ - _____ - _____
Month Day Year

Current Creighton University Employee ----- Yes No
Former Creighton University Employee ----- Yes No *If yes, dates of employment _____
Full-time student **over** age 18 ----- Yes No
Does this dependent live with you? ----- Yes No

If NO, current address? _____

Dependent Under the age of 25: (Print the Name as it appears on Social Security Card)

Name: _____ Male Female
First Middle Last

SSN: _____ - _____ - _____ Birth Date: _____ - _____ - _____
Month Day Year

Current Creighton University Employee ----- Yes No
Former Creighton University Employee ----- Yes No *If yes, dates of employment _____
Full-time student **over** age 18 ----- Yes No
Does this dependent live with you? ----- Yes No

If NO, current address? _____