

# Iowa Wesleyan University

## New Employee Information

### Employee Information:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:        Male        Female    ~~ Marital Status:        Single        Married

Personal Email Address: \_\_\_\_\_

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Hire Date: \_\_\_\_\_ IW Department: \_\_\_\_\_

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Please select your Ethnicity:        Hispanic or Latino        Not Hispanic or Latino

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Please select your Race:        Asian        American Indian or Alaska Native

Black or African American        Hispanic or Latino        White

Native Hawaiian or other Pacific Islander        Two or more races

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Do you have a disability? Yes    No    (if Yes, please state the disability and any accommodations that may be necessary for you to perform the essential duties of your positions:

\_\_\_\_\_

**Full-Time Employees with contracted period LESS than 12 Month Only: Contracted 9-Month/10-Month employees can opt to be paid their AY contracted salary over their contracted period or over 12-Months.**

I elect to have my contracted pay paid to me:

Please select one        Over 12 months        Over my contracted period

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**Emergency Contact Information: In the event of an emergency, please contact the following:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_