



# WASHINGTON UNIVERSITY IN ST. LOUIS

HRMS Personal Information—Faculty/Staff/Student/Postdocs

## Citizenship (Check one):

\_\_\_\_\_ Citizen or National of the U.S.

\_\_\_\_\_ Lawful Permanent Resident  
(Alien #) A \_\_\_\_\_

\_\_\_\_\_ An Alien Authorized to Work Until \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

## Memberships:

Phi Beta Kappa \_\_\_\_\_ Alpha Omega Alpha \_\_\_\_\_

## Licenses or Certification Required:

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Expired: \_\_\_\_/\_\_\_\_/\_\_\_\_ Issuing State: \_\_\_\_\_

## Work Location:

Primary Department: \_\_\_\_\_ Building Name: \_\_\_\_\_ Room #: \_\_\_\_\_ Campus Box #: \_\_\_\_\_

## Emergency Contacts:

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Same Address: \_\_\_Yes \_\_\_No

Primary Contact Phone(s): Home: ( ) \_\_\_\_/\_\_\_\_/\_\_\_\_ Work: ( ) \_\_\_\_/\_\_\_\_/\_\_\_\_ Other: ( ) \_\_\_\_/\_\_\_\_/\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Same Address: \_\_\_Yes \_\_\_No

Secondary Contact Phone(s): Home: ( ) \_\_\_\_/\_\_\_\_/\_\_\_\_ Work: ( ) \_\_\_\_/\_\_\_\_/\_\_\_\_ Other: ( ) \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Educational Information:</b>	Major	Date(s) Acquired	School Name	State	Last Degree Acquired/Terminal Degree?	Graduated?
Bachelor's					___Yes ___No	___Yes ___No
Master's					___Yes ___No	___Yes ___No
M.D. or Equivalent					___Yes ___No	___Yes ___No
Ph.D. or Equivalent					___Yes ___No	___Yes ___No
Additional Degree					___Yes ___No	___Yes ___No

## For Postdoctoral Research Associates Only:

	Start Date	End Date	School Name	State		
Previous Postdoctoral Experience						

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

