

NIAGARA UNIVERSITY
Federal Work-Study Program
Personal Data Sheet

Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Date of Birth _____

Social Security Number _____ Student ID # _____

Sex

_____ Male
_____ Female

Race

_____ White
_____ Black or African American
_____ Hispanic or Latino
_____ Asian
_____ American Indian or Alaska Native
_____ Native Hawaiian or Other Pacific Islander
_____ Two or more races

Primary Language: _____ English _____ Other _____

Date of Birth _____ Marital Status _____

Department Employed _____ Starting Date _____

Have you ever been employed by Niagara University previously? _____ Yes _____ No

If so, when _____ what department _____

Local/on-campus telephone _____ On-campus room # _____

Off-campus address _____

Email Address _____