



ST. JOHN'S UNIVERSITY

New Employee/ Emergency Contact Information Form

1. _____ 2. _____
Last Name First Name Middle Xnumber #

3. ____/____/____ 4. Gender: Male Female 5. Marital Status: Married Single
Date of Birth

6. Emergency contact: _____ 7. Relationship: Child Spouse
Last Name First Name Parent Other _____

Street

(____) _____
Primary Telephone #

City State Zip Code

(____) _____
Alternate Telephone #

8. Ethnicity (check one):
 Asian/Pacific Islander (AO) Caucasian (CO) Native American / Alaskan (N)
 Black (BO) Hispanic (HO) Other : _____
 Elect Not to Answer (RE)

9. Religion (check one):
 Baptist (BA) Jewish (JE) Roman Catholic (RC)
 Buddhist (BU) Lutheran (LU) Russian Orthodox (RO)
 Episcopal (EP) Methodist (ME) Seventh Day Adventist (SD)
 Greek Orthodox (GO) Mormon/LDS (MR) Non-Denominational (ND)
 Hindu (HI) Presbyterian (PB) None (NO)
 Islam (IS) Protestant (PR) Other (OT): _____

Employee Signature

Date