

COLLEGE of CHARLESTON
PERSONAL DATA SHEET

Please TYPE or PRINT the information requested in Section I, II, and III.

I. NAME _____
(First) (Middle) (Last)

PREFERRED USE NAME _____ HOME E-MAIL: _____

ADDRESS: _____ PHONE #: (Home) _____
(Street) (Cell) _____ Text Yes __
_____ Text No __
_____ (Work) _____
City (State) (Zip)

MARITAL STATUS: ___ Single GENDER: ___ Male BIRTH DATE: ___ ___ ___
___ Married ___ Female Month Day Year

ETHNICITY: Are you Hispanic/Latino? ___ Yes
Please Mark One: ___ No SOCIAL SECURITY #: _____ - _____ - _____

RACE: **Regardless** of your answer to the ethnicity question, please mark one or more races to indicate what you consider yourself to be:

- ___ White
- ___ Black or African American
- ___ Asian
- ___ American Indian
- ___ Alaska Native
- ___ Native Hawaiian
- ___ Pacific Islander

- DEGREE:
- ___ Less than High School; What Grade? ___
 - ___ High School Graduate (12)
 - ___ Completed 1 Yr. College (13)
 - ___ Completed 2 Yrs. College (14)
 - ___ Completed 3 Yrs. College (15)
 - ___ Associate Degree, Bus. Or Tech (16)
 - ___ Bachelor's Degree (17)
 - ___ Master's Degree (18)
 - ___ Doctorate (19)
 - ___ Juris Doctorate (20)
 - ___ Medical Doctorate (21)

II. In the event of an Emergency involving you, please list information below of an appropriate individual whom we may contact.

Name: _____ Relationship: _____
Street: _____ City: _____ State: _____ Zip: _____
Home Telephone: _____ Cell Phone: _____ Work Telephone: _____

III. College of Charleston Enrollment

Are you presently ENROLLED at the College of Charleston? Yes ___ No ___
If yes, how many hours are you currently enrolled in? _____

IV. As a temporary and/or adjunct employee, YOU are eligible to participate in:

- A. Retirement (8.66% of your gross income) will be deposited into the retirement plan (SC Retirement System or SC State Optional Retirement Plan if selected within 30 days of hire). There will also be a College contribution.
- B. Direct Deposit,
- C. Supplemental Tax Sheltered Annuities.

SIGNATURE: _____ DATE: _____

Office of Human Resource Use Only

Keyed by: _____ Date: _____ Verified By: _____ Date: _____