

**WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION  
POST-HIRE INFORMATION FORM**

PLEASE PRINT ALL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female Date of Birth \_\_\_\_\_

Race: \_\_\_\_ White \_\_\_\_ Black or African American \_\_\_\_ Hispanic or Latino \_\_\_\_ Asian

\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_ American Indian or Alaskan Native \_\_\_\_ Two or more races

National Origin \_\_\_\_\_

Citizenship \_\_\_\_\_

If non-US citizen, please indicate Visa Type \_\_\_\_\_ Visa Expiration Date \_\_\_\_\_

Have you had any tax treaty benefits during this calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you now or have you ever been in the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Veteran Status? \_\_\_\_ Disabled Veteran \_\_\_\_ Recently Separated Veteran \_\_\_\_ Other Protected Veteran  
\_\_\_\_ Armed Forces Service Medal Veterans

Are you a qualified employee under the provisions of the Americans with Disabilities Act? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify and advise of any assistance which would qualify you for functions of this position that you might not otherwise be able to fulfill because of your condition: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Other

Spouses Name \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Office (\_\_\_\_) \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_

Do you telecommute for daily work activities? \_\_\_\_ Yes \_\_\_\_ No