



**NEW FACULTY INFORMATION FORM**

Please provide the following information as soon as possible; it will allow us to establish a payroll record, implement network access, and keep in touch prior to your arrival on campus. ***Please return this form with your signed appointment letter or contract.***

|  |   |  |
|--|---|--|
| <b>Legal Name</b><br><u><i>Last, First, Middle Initial:</i></u><br><hr/> | <b>Preferred Name:</b><br><u><i>Last, First, Middle Initial:</i></u><br><hr/> | <b>Professional Name:</b><br><u><i>Last, First, Middle Initial:</i></u><br><hr/> |
|--|---|--|

|   |   |
|---|---|
| <b>Date of Birth:</b><br><hr/> mm / dd / yyyy | <b>Gender:</b><br><input type="checkbox"/> Female <input type="checkbox"/> Non-binary/ third gender<br><input type="checkbox"/> Male <input type="checkbox"/> Prefer to self-describe _____<br><input type="checkbox"/> Prefer not to say |
|---|---|

|   |  |
|---|--|
| <b>Mailing Address (physical address required):</b><br><hr/>    | <b>Do you have a prior or current affiliation with the University of Puget Sound?</b><br><input type="checkbox"/> Student/Alumni <input type="checkbox"/> Faculty<br><input type="checkbox"/> Staff <input type="checkbox"/> Parent<br><input type="checkbox"/> Other _____<br>If yes, please provide any prior/different name that may be associated with the University of Puget Sound:<br><hr/> |
| <b>Home Phone:</b> _____ <b>Mobile Phone:</b> _____             |  |
| <b>Personal Email (other than current work email):</b><br><hr/> |  |

| Degrees   | School | Year |  |
|---|--------|------|--|
| <b>Bachelor's:</b><br><input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> Other _____                          |        |      | <b>Were you a first generation college student?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Prefer not to say |
| <b>Master's:</b><br><input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Other _____                            |        |      |  |
| <b>PhD</b><br><input type="checkbox"/> MFA <input type="checkbox"/> DEd <input type="checkbox"/> DM<br><input type="checkbox"/> Other _____ |        |      |  |

**Memberships (e.g., Phi Beta Kappa, Phi Kappa Phi):**  


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**National and International Fellowships:**  


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**In case of an emergency, please notify:**

|                |                     |
|----------------|---------------------|
| <b>Name</b>    | <b>Relationship</b> |
| <b>Address</b> | <b>Phone</b>        |

**City/State/Zip**