

**MORAVIAN UNIVERSITY**  
**PERSONAL DATA FORM – Temporary/Subcontractor**

*Please Print or Type*

**EMPLOYEE DATA**

Mr./ Mrs./ Ms./ Miss./ Dr./ Rev./ Rev. Dr.

(Check appropriate title)

(Employee/Subcontractor Name: First/Middle/Last)

Preferred Name:

Social Security #:

Legal Address:

Home Email:

City/State/Zip:

Date of Birth

Home Phone #:

Cell Phone #:

**GENDER:** *Please mark the appropriate box.*     Male     Female

**RACE / ETHNICITY:**

1. Are you Hispanic or Latino? (*“Hispanic or Latino” is defined to mean a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*)

Yes     No

2. Are you from any of the following racial groups? (*Check all that apply.*)

American Indian/ Alaskan Native     Asian     Black or African American     Native Hawaiian / Pacific Islander     White

**MILITARY SERVICE:**

1. Are you a Veteran? (*“Veteran” is defined to mean a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.*)

Yes     No

2. If yes, of which branch? (*Please check one.*)

Air Force     Army     Coast Guard     Marines     Navy     Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name:

Name:

Phone #:

Phone #:

Relationship:

Relationship:

**CAMPUS INFORMATION**

Office Phone:

Department:

# MORAVIAN UNIVERSITY

Employee/Trustee/Student/Intern

## Confidentiality Agreement

I understand that during my employment, association with, or enrollment at MORAVIAN UNIVERSITY (Moravian University & Moravian Theological Seminary), I may have access to confidential information regarding trustees, students, employees and/or the business of MORAVIAN UNIVERSITY. I also understand that I have a duty to maintain the confidentiality of all such information and I agree to uphold this obligation. I acknowledge that this duty includes a responsibility not to share any such information with any unauthorized third persons, and I agree to uphold this obligation, as well.

I understand and agree that if I share any such confidential information in violation of this policy or the law, my employment or association with, and/or enrollment at the University, and/or the Seminary, will be terminated. I also understand that such a violation could result in civil and/or criminal action by MORAVIAN UNIVERSITY. I am aware that this obligation of confidentiality survives my current association with MORAVIAN UNIVERSITY.

---

Signature

Date

---

Office of the President  
Representative

Date

Revised 7/2021