

**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:**

(Street)

**TELEPHONE:** (Home)  
(Cell)  
(Work)

(City)

(State)

(Zip)

**MARITAL STATUS:** Single **GENDER:** Male

**BIRTH DATE:** Month Day Year

Married Female

**SOCIAL SECURITY #:**

**ETHNIC GROUP**

White (1)  
Black/African American (2)  
Hispanic/Latino (3)  
Asian American (4)  
Pacific Islander/Native Hawaiian (5)  
American Indian or Alaskan Native (6)  
Non-Hispanic + one/more others (7)  
Hispanic/Latino + one/more others (8)  
Other

**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: Work Telephone:

**III. Please answer the following question:**

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

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

- A. Retirement (6.5% 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:**

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**Office of Human Resource Use Only**

Keyed by: \_\_\_\_\_ Date: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_