

**Personnel Information  
THE CLAREMONT COLLEGES**

Addition

Correction

Deletion

Name: _____ (Last) _____ (First) _____ (Initial)		College: _____
Campus Address: _____		Department: _____
Campus Extension: _____	Title: _____	_____ Male _____ Female
Home Address: (Number) _____ (Street) _____ (City) _____ (State) _____ (Zip)		
Do you hold a valid California Diver's License: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Driver's License #: _____		Home Phone: _____
Birth Date: _____	Name of spouse /Significant other: _____	
In Case of Emergency, notify:		
Name: _____	Address: _____	Phone: _____
Relationship: _____		

Date: \_\_\_\_\_ Employee Signature \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

Personal Email address (if you don't have a CGU address) \_\_\_\_\_