

Contractor Personal Data Form

Virginia State University is required to maintain current personal data information and a means of emergency contact for all contractors. We ask every contractor to supply the following information, review it annually, and update as necessary. It is essential that we maintain current information in each contractor record.

EMPLOYEE INFORMATION: (Check One) -New Contractor ☐ Change/Update Information ☐

Name: First _____ MI _____ Last _____

Home Phone: _____ Alt Phone: _____ Gender Select One Date Of Birth: _____

Physical Address (Street): _____ PO Box (mailing only): _____ City: _____ State: _____ Zip Code: _____

City/County of Mailing Address: _____ Vendor Number: _____ Email: _____

EEO Information: Race (Check All that Apply):

- ☐ White (includes Arabs)
- ☐ Black (includes Jamaicans, Bahamians, and other Caribbean's or African but not Hispanic or Arabian descent)
- ☐ Hispanic (Spanish surname, includes Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Origin or Culture)
- ☐ Asian or Asian American (includes Pakistan, Indians, and Pacific Islanders)
- ☐ American Indian or Alaskan Native
- ☐ Other

Citizenship Status: (Check One) ☐ U.S. Citizen - C ☐ Resident Alien - ☐ Non-resident Alien – N

Work Information:

Position Title: _____ Department: _____ Campus Box: _____

Building Location: _____ Room # _____ Work #: _____ Work Cell #: _____

Emergency Contact Information:

[In case of Emergency] Contact Person: _____ Relationship: _____ Contact Number: _____

[In case of Death] Contact Person: _____ Relationship: _____ Contact Number: _____

It is the contractor's responsibility to ensure this information is current and accurate.

Contractor Signature & Date