



HUMAN RESOURCES DEPARTMENT
P. O. BOX 680 Silver City, New Mexico 88062
505-538-6328 www.wnmu.edu Fax 505-538-6338

REQUIRED EMPLOYEE INFORMATION

First Name _____ Middle Initial _____ Last Name _____

*Legal names only as on Social Security Card or Birth Certificate.

Social Security Number _____

Job Title _____ Department _____

ADDRESS INFORMATION

PHYSICAL ADDRESS

Address _____ Phone # _____

City _____ State _____ Zip Code _____ Message Phone _____

W-2 MAILING ADDRESS

Address _____

City _____ State _____ Zip Code _____

EMERGENCY CONTACT INFORMATION

Contact Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Message Phone _____

Address Type _____ Relationship _____

(Permanent - PR, Mailing - ML, Physical-PH, or W-2)