

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone 618.650.2190 | Fax 618.650.2696

APPLICANT INFORMATION

To assist in identifying any previous application activity for Civil Service employment at SIUE, please provide the last **five (5)** digits of your Social Security Number, the month and day of your date of birth, any previously used names.

Last 5 of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever used another name? If yes, please list them. If your previous names outnumber the available lines, please attach them to this form on a separate sheet.

Yes      No

First Name	Middle Name	Last Name