



**CABRINI**  
UNIVERSITY

**COACHING CONTRACT**

START DATE: \_\_\_\_\_  NEW HIRE  REHIRE

**EMPLOYEE SECTION**

ID NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

PREFIX:  Dr.  Mr.  Miss  Ms.  Mrs.

SUFFIX:  Sr.  Jr. Other: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMPLOYEE HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP:  Mother  Father  Spouse  Relative

Other: \_\_\_\_\_

EMERGENCY CONTACT HOME ADDRESS AND PHONE NUMBER:

\_\_\_\_\_

**PLEASE CHECK IN EACH CATEGORY:**

**RACE**

Can select two or more races

- White Non-Hispanic
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander

**Residency Status**

- Non-Resident Alien
- Permanent Resident
- Resident Alien
- U.S. Citizen
- Unknown

