

**Employee Information**

Date: \_\_\_\_\_

- Miss
- Ms.
- Mrs.
- Mr.
- Dr.

Name: \_\_\_\_\_

                    Last                                      First                                      Middle                                      Suffix                                      Preferred

Address: \_\_\_\_\_

                    City                                      State                                      Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ University ID #: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Job Title: \_\_\_\_\_

Classification:                                                                                                
                            Staff                      Part-time Staff                      Faculty                      Adjunct                      Student

Date of Birth: \_\_\_\_\_  Male  Female E-Mail Address: \_\_\_\_\_

Ethnicity:    White Non-Hispanic (1)    Black Non-Hispanic (2)    Hispanic (3)  
                   Asian/Pacific Island (4)    Native American (5)    Other (6)

**Spouse's Contact Information (if applicable)**

Name: \_\_\_\_\_  
                    Last                                      First                                      Middle

Address: \_\_\_\_\_  
  City                      State                      Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contacts (aside from spouse)**

I. Name: \_\_\_\_\_  
                    Last                                      First                                      Middle                                      Relationship

Address: \_\_\_\_\_  
  City                      State                      Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

II. Name: \_\_\_\_\_  
                    Last                                      First                                      Middle                                      Relationship

Address: \_\_\_\_\_  
  City                      State                      Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other Pertinent Information you wish to have on file:** \_\_\_\_\_