

Employee Information

Date: _____

- Miss
- Ms.
- Mrs.
- Mr. Name: _____
- Dr.

 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 Temp

Date of Birth: _____ Male Female E-Mail Address: _____

Ethnicity: Are you Hispanic/Latino (3)? Yes No

Race: Please select one or more:

- White (1)
- Black or African American (2)
- Hawaiian/Pacific Islander (4)
- Asian (4)
- American Indian/Alaska Native (5)
- Unknown (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: _____