



Employee Data Form

The following information is requested to complete employee data files maintained in Human Resources. In addition this information is needed to comply with certain required governmental reports, as well as wage/tax purposes such as the Tax Reform Act of 1976 and the University's Affirmative Action/Equal Employment Opportunity/Equal Access program. This information will be kept strictly CONFIDENTIAL and used for reporting purposes only.

Employee ID	Social Security Number	Date of Birth
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Prefix/First Name	Middle Initial	Last Name	Suffix (Jr. /Sr.)
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Street Address	City & State	County	Zip Code
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Home Phone:	Cell Phone:	Email:
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Are you eligible to work in the United States: Yes No **Are you at least 18 years of age:** Yes No

<p>Education (Please choose highest education completed):</p> <p><input type="checkbox"/> HS/Equivalent <input type="checkbox"/> Some College</p> <p><input type="checkbox"/> Technical/Trade <input type="checkbox"/> Associate's Degree</p> <p><input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> Doctorate</p> <p>Military:</p> <p>Have you served in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive/Retired <input type="checkbox"/> Reserves</p>	<p>Optional Questions:</p> <p>Race:</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Multi-Racial <input type="checkbox"/> White/Caucasian</p> <p>Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married</p>
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Emergency Contact Information:	
Name:	Phone:

I hereby certify that all information contained in this document is accurate and complete to the best of my knowledge. I understand that I should notify the Department of Human Resources if any information contained herein changes, so that the record may be updated to reflect the most current and accurate information.

Employee Signature

Date