

LAST NAME: _____	FIRST NAME: _____	M.I.: _____
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The **New Employee Data Form** must be completed in order to initiate your personnel file. The information provided will also be used to verify employment, provide emergency contact information and assist in government survey reporting. For any subsequent changes to the following information, you must complete a **Notification of Personal Changes Form** available in the Office of Human Resources, Kennedy Hall, Room 104.

MAILING INFORMATION:

Mr. Mrs. Ms. Dr. Rev. Sr. Prof.

Full Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

PERSONAL INFORMATION:

Social Security #: _____

STU Student ID#, if applicable: _____

US Citizen: Yes No

Country of Birth: _____

Are you Hispanic or Latino (or of other Spanish origin)?
 Yes No

Ethnic origin (check all that apply):
 Black White Asian
 American Indian/Alaskan Native
 Native Hawaiian or Pacific Islander

Religious Affiliation: _____

Marital Status: _____

Date of Birth: _____

Sex: Male Female

EMERGENCY CONTACT INFORMATION:

Full Name: _____

Relationship: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Home Phone: _____

Cell Phone: _____

STU POSITION INFORMATION:

Position: _____

Dept.: _____

Position Classification:

Faculty:
 Full-time Adjunct (Part-time)

Staff:
 Administrative Professional General
 Student Employee

Date of Employment:
 Full-time: _____
 Part-time: _____

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Degree(s): _____	EDUCATION: Please list EARNED degree(s) only* Major: _____	Graduation Date: _____	College/University: _____
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*STU requires official copies of transcripts for all earned degree(s) for faculty and staff.