



## Employee Information Form

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Birthdate: \_\_\_\_\_ Sex: ☐ Female ☐ Male

Social Security No.: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

### Ethnic Background:

- ☐ African-American (Black)
- ☐ Native American
- ☐ Asian or Pacific Islander
- ☐ Hispanic
- ☐ Caucasian
- ☐ Other

### Citizenship Status:

- ☐ US (Native)
- ☐ US (Naturalized)
- ☐ Foreign Citizen

### Highest Degree of Education:

- ☐ High School Diploma
- ☐ Some College → No. Years Completed: \_\_\_\_\_
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate Degree

### Professional Years Experience:

### Support Staff Years Experience:

### TOTAL YEARS EXPERIENCE:

## EMERGENCY CONTACT INFORMATION

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

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

Telephone Number(s): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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