

Data on this form are needed for business purposes related to employment. All data are confidential. Employees must also review and update information on the Employee Self Service page once they are notified by Human Resources that they are on the employee database.

INSTRUCTIONS - Please Type or Print Clearly

SECTION 1 –

LEGAL NAME	
LAST:	
FIRST:	MIDDLE:
WIN	
SOCIAL SECURITY NO	NOTE: Required for IRS purposes
DATE OF BIRTH	NOTE: Required for Form I-9 verification
EMPLOYEE TYPE <input type="checkbox"/> STUDENT EMPLOYEE <input type="checkbox"/> TEMPORARY EMPLOYEE	

SECTION 2 –

Home /Local ADDRESS	Street	
	City	
	State / Zip	
HOME Phone Number		
Emergency Contact	Name	
	Phone Number	
Email Address to contact you with appointment information.		

SECTION 3 – Sign Name and Date NOTE: Falsification of employee data/records may result in termination.

Signature	Date
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For Dept Use:

Employee EMPLID:
Employee Hire Date:

This form should be shredded when it is no longer needed. Do not send this form to Human Resources.