**PERSONAL INFORMATION – (Please print clearly)**

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| --- |
| **TYPE OF ACTION: [ ]  UPDATE [ ]  NEW HIRE: [ ]  Full-Time [ ]  Hourly (PT) [ ]  Intern [ ]  BOARD MEMBER**  |
| **SOCIAL SECURITY NUMBER** | **BIRTH STATE:**  | **BIRTH COUNTRY:**  | **DATE OF BIRTH:** |
|  |  |  | **-** |  |  | **-** |  |  |  |  |
| **LEGAL NAME: (FIRST MIDDLE LAST)** | **EMAIL ADDRESS**  |
| **ADDRESS (No P.O Boxes):**  | **APT NUMBER:** |
| **CITY:** | **STATE:** | **ZIP CODE:** |
| **COUNTY OF RESIDENCY:** | **HOME PHONE NUMBER:**  | **MOBILE PHONE NUMBER:**  |
| **MARITAL STATUS: [ ]**  Single **[ ]**  Married **[ ]**  Civil Partnership **[ ]** Divorced **[ ]** Widowed **[ ]** Separated  |
| **US CITIZEN:** **[ ]** Yes **[ ]**  No | **GENDER:** **[ ]**  Male **[ ]**  Female  | **HIGHEST EDUCATION LEVEL (CHECK ONE):****[ ]**  High School Graduate or Equivalent **[ ]**  Some College **[ ]**  Bachelor’s Degree **[ ]**  Technical College **[ ]**  Master’s Level Degree**[ ]** 2 yr. College Degree **[ ]** Doctorate (Academic)**[ ]**  Some Graduate School **[ ]** Doctorate (Professional)**[ ]** Doctorate (Academic) **[ ]**  Post Doctorate **College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Yr. Graduated: \_\_\_\_\_\_\_\_** **College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Yr. Graduated: \_\_\_\_\_\_\_\_**  |
| **ETHNIC GROUP (CHECK ONE):****[ ]**  American Indian/Alaska Native**[ ]**  Asian**[ ]**  Black/African American**[ ]**  Hispanic/Latino**[ ]**  Native Hawaiian/Other Pacific Islander**[ ]**  White**[ ]**  Not specified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ARE YOU A REHIRED/RETIRED STATE EMPLOYEE: [ ]**  Yes **[ ]**  No **WHICH SYSTEM?** **[ ]** TRS **[ ]** ERS   |
| **MILITARY STATUS: [ ]**  Active Reserve **[ ]**  Inactive Reserve **[ ]** Retired Military **[ ]** No Military Service **[ ]**  Veteran |
| **DRIVER’S LICENCES: State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **EMERGENCY NOTIFICATION CONTACT** |
| **CONTACT NAME:** | **CONTACT RELATIONSHIP:** | **CONTACT PHONE NUMBER:**  |
| **ADDRESS: If same Address As Employee, check here [ ]**  | **APT NUMBER:** |
| **CITY:** | **STATE:** | **ZIP CODE:** |
| **EMPLOYEE SIGNATURE (PLEASE SIGN): DATE:**  |
| ***HUMAN RESOURCES/PAYROLL USE ONLY*** |
| **Effective Date:**  | **Employee ID:**  | **Position Title:**  |
| **Position Number: Pay Grade:** **Job Code:**  | **Employee Type: [ ]**  Full Time **[ ]**  Temporary/Part Time (Time Limited) **[ ]**  Temporary/Part Time (Time Limited) **[ ]**  Staffing Agency **[ ]**  Board Member |
| **TYPE OF ACTION/COMMENTS:** |