

<b>LAST NAME:</b> _____	<b>FIRST NAME:</b> _____	<b>M.I.:</b> _____
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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, O'Mailia Hall.

**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: \_\_\_\_\_

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