



**REQUIRED EMPLOYEE INFORMATION**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

\*Legal names only as on Social Security Card or Birth Certificate.

Social Security Number \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

**FACULTY** Visiting \_\_\_\_\_ New \_\_\_\_\_

Instructor \_\_\_\_\_ Assistant Professor \_\_\_\_\_ Associate Professor \_\_\_\_\_ Professor \_\_\_\_\_

Step 1 \_\_\_\_\_ Step 2 \_\_\_\_\_

**STAFF** Regular \_\_\_\_\_ Temporary \_\_\_\_\_ Acting \_\_\_\_\_

Exempt \_\_\_\_\_ Non-Exempt \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

**BIOGRAPHIC INFORMATION**

Date of Birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Citizenship \_\_\_\_\_ Marital Status \_\_\_\_\_  
(U.S. or Foreign Country) (optional)

Ethnicity \_\_\_\_\_ (voluntary – default will be 9)

- 1 – White      2-Black      3-Hispanic
- 4 – American Indian or Alaskan Native
- 5 – Asian or Pacific Islander
- 6 – Non-Resident Alien
- 9 – No Response/Other

**ADDRESS INFORMATION**

**PHYSICAL ADDRESS**

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Message Phone \_\_\_\_\_

**W-2 MAILING ADDRESS**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Contact Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Message Phone \_\_\_\_\_

Address Type \_\_\_\_\_ Relationship \_\_\_\_\_  
(Permanent - PR, Mailing - ML, Physical-PH, or W-2)