



EMPLOYMENT DATA FORM

LEGAL NAME:			
	LAST	FIRST	MIDDLE NAME

ADDRESS:			
CITY:		STATE:	ZIP:
PERSONAL CONTACT Phone Number:		PERSONAL CONTACT Email Address:	

DATE OF BIRTH:		SSN:		GENDER:	<input type="checkbox"/> F	<input type="checkbox"/> M
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DIVISION/DEPARTMENT:		POSITION:	
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ETHNICITY:					
<input type="checkbox"/>	African-American Non-Hispanic	<input type="checkbox"/>	Hawaiian	<input type="checkbox"/>	Other Non-White
<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Hispanic (legacy only)	<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Samoaan
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Korean	<input type="checkbox"/>	South American
<input type="checkbox"/>	Central American	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Mexican/Mex-American/Chicano	<input type="checkbox"/>	White Non-Hispanic
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Guamanian	<input type="checkbox"/>	Other Hispanic	<input type="checkbox"/>	Decline to state

MARITAL STATUS:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Widowed	<input type="checkbox"/> Decline to State
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EMERGENCY CONTACT INFORMATION:		
#1 EMERGENCY CONTACT NAME:	RELATIONSHIP:	PHONE NUMBER:
#2 EMERGENCY CONTACT NAME:	RELATIONSHIP:	PHONE NUMBER:

ARE YOU A VETERAN?	<input type="checkbox"/> Yes (please answer the following)	<input type="checkbox"/> No
Branch:	<input type="checkbox"/> Active Wartime Veteran or Campaign Badge Veteran	
Date of Discharge:	<input type="checkbox"/> Protected Veteran	
Armed Service Medal Indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not a protected Veteran	
Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		

ARE YOU DISABLED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, do you need any sort of accommodation we need to be aware of? Please explain. If your documentation is already on file with HR please state this in your explanation:		

FOR HUMAN RESOURCE USE ONLY: E-Class: _____ ORG # _____ Position# _____ Start Date: _____			
Received by:		Date Received:	
Date Entered:		Employee Banner ID:	