



## New Employee Personal Information Form

Please select your employee type:

☐ CLASSIFIED ☐ EXEMPT ☐ FACULTY ☐ NON-PERMANENT HOURLY ☐ STUDENT ☐ VOLUNTEER

DEPARTMENT \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

### YOUR PERSONAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONSHIP TO SELF \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### RETURN COMPLETED FORM TO HUMAN RESOURCES

#### FOR HUMAN RESOURCES OFFICE USE ONLY

ENTERED \_\_\_\_\_ DATE \_\_\_\_\_