



# 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 \_\_\_\_\_