

Employee Data Sheet

WAYNE STATE
UNIVERSITY

Date:

☐ New ☐ Revised

Employment Resource Center
5700 Cass Ave, Suite 3638
Detroit, MI 48202
Phone: 313-577-3000
Fax: 313-577-0637
www.hr.wayne.edu

Employee's Legal Name:
(Last, First, Middle)
(As displayed on SSN/ITIN Card)

Banner ID:

Date of Birth:

SSN:

☐ Male

☐ Female

Home Address:

City/State/Zip:

Home Phone:

Campus Address:

Campus Phone:

Will 100% of the work be performed in Detroit, MI? ☐ Yes ☐ No

If NO, what City, State/Province and Country will the work be performed in? State/Province Country

*This information is voluntary and will be used
for statistical purposes only.*

Are you Hispanic or Latino?

☐ Yes

☐ No

Marital Status

☐ Married

☐ Single

Citizenship

☐ Citizen

☐ Non-Citizen

☐ Permanent Resident

What is your race? (Select one or more):

☐ AM, Native American/Native Alaskan

☐ AS, Asian

☐ BL, Black or African-American

☐ PH, Native Hawaiian and Other Pacific Islander

☐ WH, White

In which languages
are you fluent?

Person to Notify in Case of Emergency

Name:

Address:

City/State/Zip:

Phone:

Education History

Institution	City/State/Country	Degree	Year of Graduation

Professional Certifications and Licenses

Certification	Date	Expiration Date	Endorsed

Employee Signature _____ Date _____