

**105-077 Personnel Information Form**

The information in this form is needed for the College's personnel records. Please fill out all applicable items and print legibly to avoid delays with payroll and processing. For personnel data changes, e-mail completed forms to [DataOps@nvcc.edu](mailto:DataOps@nvcc.edu)

Print Legal Name: First Name and Middle Initial	Last name	Employee ID Number (current employees only)
Birthdate (MM/DD/YYYY)	Gender	County of residence
Street Address	Apt	
City	State	ZIP + 4 ( <a href="http://zip4.usps.com">zip4.usps.com</a> )
Home Phone	Cell Phone	Personal E-mail Address

**RACE/ETHNICITY**

This institution does not discriminate with regard to race, color, age, religion, sex, national origin, or disability. The information requested below is for records the College provides to federal/state authorities on equal opportunity for education or employment.

- ☐ Caucasian (includes Arabs)  
☐ Black (Jamaicans, Bahamians, and other Caribbean or African, but not Hispanic or Arab, descent)  
☐ Hispanic (Spanish surname, Mexican, Puerto Rican, Cuban, Central or South American, etc.)  
☐ Asian or Asian-American (including Pakistani, East Indian, and Pacific Islander)  
☐ Native American (American Indian, Alaskan native)  
☐ Two or more

**DISABLED:** ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

**CITIZENSHIP STATUS:** Native to USA ☐ Naturalized ☐ Alien Permanent ☐ Alien Temporary ☐

**Country of Birth:** \_\_\_\_\_

**U.S. MILITARY SERVICE:** ☐ Active ☐ Retired ☐ Other: \_\_\_\_\_

**MARITAL STATUS:** ☐ Married ☐ Single ☐ Divorced ☐ Widow

**EDUCATION**

- |   |  |
|---|--|
| <input type="checkbox"/> Less than high school              | <input type="checkbox"/> High school graduate/GED  |
| <input type="checkbox"/> Associate or junior college degree | <input type="checkbox"/> Bachelor's degree   |
| <input type="checkbox"/> Master's degree                    | <input type="checkbox"/> Advanced certificate, specialist degree, or 24 graduate hours beyond Master's |
| <input type="checkbox"/> Professional (MD, JD, BD)          | <input type="checkbox"/> Doctorate (Ph.D., Ed.D., D.A.)  |

Field of highest degree	College Name	City	State
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**PRIOR VIRGINIA STATE SERVICE (check one)**

- ☐ No prior state service  
☐ Prior state service  
☐ Current state employee

Virginia State Service includes **salaried** employment only (full and part-time Classified and/or Teaching, Professional, and Administrative Faculty). Wage employment (Adjunct, Hourly, Student, or Work Study) is not included as state service.

Current or Previous State Agency: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Full Name	Phone 1	Phone 2
Address	City	State
		ZIP + 4 ( <a href="http://zip4.usps.com">zip4.usps.com</a> )

I hereby certify that all entries are true and complete.

Employee signature	Date
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