

Update Existing Information

# Employee Information Form

Today's Date \_\_\_\_\_

<b>IDENTIFICATION</b>	Social Security # _____ - _____ - _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Your name as it appears on the Social Security Card:		Date of Birth (mm/dd/yyyy)	
	Last Name		Citizenship <input type="checkbox"/> (Y) US Citizen <input type="checkbox"/> (N) Non-Citizen <input type="checkbox"/> (RA) Resident Alien <input type="checkbox"/> (NR) Non-Resident Alien	
	First Name			
	Middle Name or Initial			
	Prefix <i>Mr. Ms. Mrs. Other: _____</i> Suffix <i>Jr. Sr. Other: _____</i>		Marital Status <input type="checkbox"/> (M) Married <input type="checkbox"/> (S) Single <input type="checkbox"/> (D) Divorced <input type="checkbox"/> (X) Separated <input type="checkbox"/> (P) Domestic Partner <input type="checkbox"/> (W) Widow / Widower	
	Preferred First Name			
Spouse Name <input type="checkbox"/> Private*				
*NOTE: This information will be published in the printed & online directory unless you mark "private"		Ethnicity <input type="checkbox"/> (1) Black, Non Hisp., African American <input type="checkbox"/> (2) Alaskan Native / American Indian <input type="checkbox"/> (3) Asian / Pacific Islander <input type="checkbox"/> (4) Hispanic <input type="checkbox"/> (5) White, Non Hispanic		
Permanent Street Address (Required) <input type="checkbox"/> Private*				
Street Address				
City, State, Zip Code				
Phone ( ) <input type="checkbox"/> Private*				
Preferred Mailing Address (if different than Street Address)				
Address		INT'L INFO Visa Type <input type="checkbox"/> F1 <input type="checkbox"/> HB <input type="checkbox"/> J1 <input type="checkbox"/> TN <input type="checkbox"/> EA <input type="checkbox"/> Other _____		
City, State, Zip Code				
Campus Mailing Address		ADDITIONAL INFO Do you have a disability as defined by the Americans with Disabilities Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Department				
Room # & Building				
Campus P.O. Box				
Campus Phone ( )				
Mobile Phone ( ) <input type="checkbox"/> Private*		Veteran Category <input type="checkbox"/> Other Protected Veteran Only <input type="checkbox"/> Vietnam Veteran Only <input type="checkbox"/> Both Vietnam / Other Protected Veteran		
EMERGENCY CONTACT Name Relationship Daytime Phone ( )		Special Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Active Duty Separation Date		
		CERTIFICATIONS Certifications Certificate Date Expiry		

EDUCATION INFORMATION				
Highest Level of Education Completed	<input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Other			
	Institution	Location (city, state)	Type of Diploma/Degree	Date of Graduation (mm/dd/yyyy)

SIGNATURE	DATE
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