



New Employee Data Form

Name: _____

Home Address: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Date of Birth: _____

Gender: Male Female

Race: American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian Two or More Races
 Black or African American White
 Hispanic or Latino

Marital Status: Single Married Civil Union Live in Partners
 Separated Divorced Widowed

Veteran Status: Pre-Vietnam Era Vietnam Era Post Vietnam Era
 Newly Separated Veteran None

PLEASE PROVIDE AN EMERGENCY CONTACT:

Name: _____

Relationship: _____

Address: _____

Day Phone: (____) _____ Evening Phone (____) _____

Employee Signature: _____ Date: _____

Please return completed form to the Office of HRD, located in the Financial and Administrative Services Building.