

## EMPLOYEE INFORMATION FORM

Please provide the following personal and emergency contact information. This information will be used for payroll purposes and will be maintained in your personnel file. Please note that it is the responsibility of the employee to notify the Human Resources office of any changes to this information.

### PERSONAL INFORMATION

|  |                              |
|--|------------------------------|
| Last Name: _____   | First Name: _____ M.I. _____ |
| Preferred Name: _____  | Date of Birth: _____         |
| Social Security No.: _____   | Marital Status: _____        |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other |                              |
| Home Address: _____  | Home Phone No.: _____        |
| _____  | Cell Phone No.: _____        |
| _____  |                              |

### EMERGENCY CONTACT INFORMATION

|                               |                                |
|-------------------------------|--------------------------------|
| Emergency Contact Name: _____ |                                |
| Relationship: _____           | Emergency Contact Phone: _____ |

### OTHER INFORMATION (Optional)

|  |
|--|
| Phi Beta Kappa: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|