

STAFF DATA SHEET
(Please Print Clearly)

DATE _____

SOCIAL SECURITY No. _____

NAME _____
LAST FIRST MIDDLE

TITLE MR. MS. MRS. OTHER _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY STATE ZIP

HOME PHONE (_____) _____ BIRTH DATE _____
MM/DD/YY

EMPLOYMENT NEW HIRE RE-HIRE STATUS FULL-TIME PART-TIME GENDER FEMALE MALE

CITIZENSHIP _____

RACIAL/ETHNIC BACKGROUND CAUCASIAN ASIAN/PACIFIC ISLANDER
 AFRICAN AMERICAN AMERICAN INDIAN/NATIVE ALASKAN
 HISPANIC

HOW DID YOU FIND OUT ABOUT THIS JOB? _____

MARITAL STATUS DIVORCED SEPARATED DOMESTIC PARTNER SINGLE MARRIED WIDOWED

SPOUSE/PARTNER NAME _____
LAST FIRST MIDDLE

TELEPHONE (_____) _____

EMERGENCY CONTACT INFORMATION

NAME _____

TELEPHONE (_____) _____

RELATIONSHIP _____

Human Resources Department Use Only

ORG. CODE _____ RESTR. _____ LATEST DOH _____

EFF. DATE _____ EMP. STATUS _____ ORG. STATUS _____

LOCATION _____ VET. STATUS _____