## HUMAN RESOURCES DATA COLLECTION FORM Completion is mandatory for all new employees on the first day of employment.

First	Middle	Last
Social Security #		Drivers License Number
Home Address:		Date of Birth
Street	Apt. #	( )
City		Office Extension(s)
State Zip Co	le	Mail Code
		Supervisor's Name
Marital Status: (Check one)		Gender: (Check one)
Married Single Divorced W	/idow/er	Male Female
Ethnicity: (check one)		For Full-Time Faculty Only: (check one)
Caucasian Asian/Pacific Isla Black, Not Hispar Hispanic Native American/	nic	Tenured On Tenure Track Not on Tenure Track
Highest Degree:		

\*Name exactly as it appears on your Social Security Card. (please print)

Signature