

# Human Resources Data Collection Form

**Completion is mandatory for all new employees on the first day of employment**

**After completion of this form please click on the RED Reset Form before you close out.**

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

First  Middle  Last

SSN  Drivers License #

Street Address  State of DL

Apt #/PO Box  Date of Birth

City  State  Zip Code  Home Phone #

Marital Status  FDU Office Phone Ext

Ethnic (select one)  Campus Mail Stop

Race (select one)  Gender

Highest Degree  For FT Faculty Only

Signature

Date