## **Employee Data Collection Form**



1. Employee Information		
SS#:		
Last Name:	First Name:	Middle Name:
Suffix Name (check one): II III IV V Jr. Sr. None	Birth Date:	Racial Identity:Not ReportedAmer Indian/Alaska NatBlack/African AmericanAsian/Pacific IslanderHispanic
<b>Gender:</b> Female Male	Citizenship/Visa Status:	Citizenship Country
Visa or Perm. Res. #:	Check Distribution Code:	Retired form State:
Military Status (check one): Non-Veteran Veteran Vietnam Veteran Active Reserve Inactive Reserve Retired Special Disability	Highest Education Level (check one):   Less than 7 <sup>th</sup> grade   7 <sup>th</sup> , 8 <sup>th</sup> , 9 <sup>th</sup> grade completed   10 <sup>th</sup> , 11 <sup>th</sup> grade completed   High School Grad or GED   Some Bus. Sch. College (HS Grad)   Associate Degree Earned   Bachelor's Degree   Some Graduate Study   Advanced Grad Specialist (AGS)   Master's Degree earned   Doctoral Degree earned   First Professional Degree earned	
2. Employee Address Information		
Business/Office Address:		
<b>Business Phone Number:</b>		
Permanent Address:		
City: County:	State:	Zip:
3. Employee Email Address		
Primary Email Address: Home Phone:		
4. Employee Education Information		
I "G" State Degree Earned:	Institution:	
Degree/Discipline: :	Degree Date:	
5. Emergency Contact Information		
Contact Name:	Relationship:	
Address:		
Home Phone Number:	Cell Phone/Pager:	
Work Phone Number:	Email Address:	