

# Employee Data Collection Form



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