

Employee Data Collection Form

1. Employee Information

Social Security #:		Last Name:		First Name:		Middle Name:	
Suffix Name (circle one) II III IV V Jr. Sr. None			Birth Date:		Racial Identity: <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		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Citizenship/Visa Status:		Citizenship Country:		Visa or Perm Res #:		Check Distribution:	
Military Status (check one): <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		Highest Education Level (check one): <input type="checkbox"/> Less Than 7 th Grade <input type="checkbox"/> 7 th , 8 th , 9 th Grade Completed <input type="checkbox"/> 10 th , 11 th Grade Completed <input type="checkbox"/> High School Grad or GED <input type="checkbox"/> Some Bus Coll Trade (HS Grad) <input type="checkbox"/> Associate Degree Earned <input type="checkbox"/> Bachelor's Degree Earned <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		Phone Directory (check one): <input type="checkbox"/> All information <input type="checkbox"/> Blank <input type="checkbox"/> No Permanent Address/Phone <input type="checkbox"/> No Permanent Address <input type="checkbox"/> No Permanent Phone		Retired from State (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Employee Address Information

Business/Office Address:			Phone:
Permanent Address:	City/State:	Zip Code:	Phone:

3. Employee Email Address Information

Primary Email Address:

4. Employee Education Information

Institution:	Degree:	Degree Date (yyyy/mm):
---------------------	----------------	-------------------------------