



## PERSONAL DATA FORM

**Section I: To be verified by HRSTM. Forms must be completed for all new hires and rehires.** Verifier Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Employment Paperwork Checklist

Complete the checklist below before sending to HRSTM.

- |  |  |
|--|--|
| <input type="checkbox"/> Personal Data Form                          | <input type="checkbox"/> Policy Acknowledgement Form   |
| <input type="checkbox"/> Background Check Authorization Form*        | <input type="checkbox"/> Deduction Authorization Form  |
| <input type="checkbox"/> Fingerprint Acknowledgement Form*           | <input type="checkbox"/> Tax Forms (Federal and State) |
| <input type="checkbox"/> Form I-9 (verification by HRSTM staff only) | <input type="checkbox"/> Direct Deposit Form           |

\*N/A for students unless specifically notified necessary for the position (working with minors)

### Job Information & Employee Type

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Department: \_\_\_\_\_ Campus: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> FT Faculty                 | <input type="checkbox"/> Staff/Administrator | <input type="checkbox"/> Student Assistant                           |
| <input type="checkbox"/> PT Faculty                 | <input type="checkbox"/> Temp with Benefits  | <input type="checkbox"/> Student Assistant (Federal Work Study)      |
| <input type="checkbox"/> WDCE PT Faculty/Instructor | <input type="checkbox"/> Casual Temp         | <input type="checkbox"/> Student Assistant (Grant-funded Internship) |

**Section II: To be completed by Employee. All fields are required.**

### Personal Information

Complete the following:

M#: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(if available; if not, HRSTM will issue upon receipt of your forms)

Employee Name: \_\_\_\_\_  
(as it appears on your Social Security Card) Last First Middle

Prefix:  Mr.  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_  
(required to initiate a background check by GIS; please follow GIS instructions sent via email)

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## PERSONAL DATA FORM

Were you ever an MC student or employee?  Yes, a student  Yes, an employee  Neither

If yes, what was your last name at that time? \_\_\_\_\_

### Demographic Information

Choose from the following (select one):

Gender:  Male  Female Birthdate (MM/DD/YYYY): \_\_\_\_\_  
Marital Status:  Single  Married

### Race/Ethnicity

Choose the description below corresponding to the race/ethnic group to which you identify (select one):

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Hispanic or Latin culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native American or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons that identify with more than one of the above five (5) races.

### Veteran Status

Choose from the following (select one):

- Not a Veteran
- Not a Protected Veteran
- Protected Veteran
- Active Wartime or Campaign Badge Veteran



## PERSONAL DATA FORM

### Citizenship Status

Choose from the following (select one):

- U.S. Citizen (Native)
- U.S. Citizen (Naturalized)
- Permanent Resident
- Non-Resident

Visa Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Birth Country: \_\_\_\_\_

### Education

Complete the following:

Highest Degree Earned: \_\_\_\_\_

Name of School: \_\_\_\_\_

Major: \_\_\_\_\_ Year Received: \_\_\_\_\_

Certification Earned: \_\_\_\_\_ Year Received: \_\_\_\_\_

### Emergency Contacts

Complete the following:

#### Emergency Contact 1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Home       Cell       Work

Email: \_\_\_\_\_

#### Emergency Contact 2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Home       Cell       Work

Email: \_\_\_\_\_

### Certification

I certify that the information provided above is complete and accurate.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Forward to the Office of Human Resources and Strategic Talent Management  
CT101, Attention: Records