

# EMPLOYEE INFORMATION FORM

In order to assure that the information in your personnel file is current, please complete this form with the most current data and notify the Personnel Office when changes occur (please print).

**EMPLOYEE NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **MAILING ADDRESS (IF DIFFERENT):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE CELL PHONE NUMBER:** \_\_\_\_\_

**EMPLOYEE HOME PHONE NUMBER:** \_\_\_\_\_

**ETHNICITY\* (CHECK ONE):**

American Indian or Alaskan

Hispanic or Latino

Asian

Two or More Races

Black or African American

Unknown

Hawaiian or Pacific Islander

White

**EMERGENCY CONTACTS:** In priority order, who could be contacted in case of an emergency:

1. Name \_\_\_\_\_ 2. Name: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Physician you want notified in the event of a medical emergency:**

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

**Employee Signature:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

Please complete and return to the Personnel Office.

\* St. Jonn's College is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.