

ASU MID-SOUTH OFFICE OF HUMAN RESOURCES

EMPLOYEE INFORMATION

NAME _____

SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____

CITY, STATE AND ZIP _____

PHONE _____ CELLULAR PHONE ☐ HOME PHONE ☐

BIRTHDATE _____

DATE EMPLOYMENT BEGINS _____

Are you a member of Arkansas Teacher Retirement? Yes ☐ No ☐

Are you an Arkansas Teacher Retiree? Yes ☐ No ☐

Please check the appropriate box below if you consider yourself to be one of the following:

☐ Hispanic/Latino
☐ Non Resident Alien

☐ Non-Hispanic/Latino
☐ Unknown

Please check one or more of the five listed below which you consider yourself to be:

☐ American/Alaska Native
☐ Black or African American
☐ White

☐ Asian
☐ Hawaiian/Pacific Islander

PLEASE BRING THE APPROPRIATE DOCUMENTS ACCEPTABLE FOR YOUR I-9, EMPLOYMENT ELIGIBILITY VERIFICATION.

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME _____

ADDRESS _____

TELEPHONE _____

RELATIONSHIP _____