

ASU MID-SOUTH OFFICE OF HUMAN RESOURCES

EMPLOYEE INFORMATION

NAME _____ **SOCIAL SECURITY#** _____

MAILING ADDRESS: _____

CITY, STATE, AND ZIP: _____

HOME PHONE: _____ **CELL PHONE:** _____

DATE OF BIRTH: _____ **EMAIL ADDRESS:** _____

DATE OF EMPLOYMENT: _____

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

- | | |
|--|---|
| <input type="radio"/> Hispanic/Latino | <input type="radio"/> Non-Hispanic/Latino |
| <input type="radio"/> Non Resident Alien | <input type="radio"/> Unknown |

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

- | | |
|---|---|
| <input type="radio"/> American/ Alaska Native | <input type="radio"/> Asian |
| <input type="radio"/> Black/ African American | <input type="radio"/> Hawaiian/Pacific Islander |
| <input type="radio"/> White | |

Please check the appropriate box below:

- | | |
|----------------------------|------------------------------|
| <input type="radio"/> Male | <input type="radio"/> Female |
|----------------------------|------------------------------|

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

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ **RELATIONSHIP:** _____