

EMPLOYEE PERSONAL DATA FORM

This form is to be utilized for individuals who have been extended an offer of employment or newly hired employees only.

Last Name: _____ First Name: _____ Middle Initial: _____

Prefix: Mr. Mrs. Ms. Dr. Other: _____

Suffix: Jr. II III Sr. PhD Other: _____

Social Security Number: _____ Birth Date (mm/dd/yyyy): _____

Employee Address & Phone Information

Street Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Demographic Information

Gender: Male Female Marital Status: Single Married Divorced Widowed

US Citizen Birth (Native) US Citizen Naturalized Permanent Resident

Non-Resident Alien Visa Type: _____ Expiration Date: _____

Employee Certification

I certify that the information, which I have provided, is complete and accurate to the best of my knowledge.

Employee Signature: _____ Date: _____

HR Use Only:

Entered into Banner: Initials: _____ Date: _____ YSU Banner Number: _____

