

New Hire _____
Name Change _____
Address Change _____



EFFECTIVE DATE
OF CHANGE: _____

PERSONAL DATA FORM
PLEASE PRINT OR TYPE CLEARLY

LAST NAME _____ FIRSTNAME _____ MI _____ PREFIX _____
FOMER NAME _____ (Mr., Ms., Dr., etc.)

EFFECTIVE DATE OF HIRE _____ SOCIAL SECURITY NUMBER _____

LIST ALL CURRENT AND FORMER POSITIONS AT SALEM STATE COLLEGE or with THE COMMONWEALTH Dates Held

POSITION(S) HELD _____ AGENCY _____
_____ AGENCY _____

HAVE YOU HELD THESE POSITIONS UNDER ANY OTHER NAME () Yes () No
IF YES, UNDER WHAT NAME? _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

MAILING ADDRESS _____
(If Different From Above)

HOMEPHONE _____ UNLISTED: Y () NO () OTHER PHONE _____ EXT _____

HIGHEST EDUCATION LEVEL (Specify Degree Name)

Less Than High School () Associate Degree () _____ Masters () _____
High School/GED () Bachelors Degree () _____ Doctorate () _____

E-MAIL ADDRESS _____

GENDER: FEMALE () MALE ()

MARITAL STATUS: SINGLE () MARRIED () DIVORCED () WIDOW () SEPARATED ()

BIRTHDATE: _____

CITIZENSHIP STATUS (Please check one)

Native () Alien Temporary () A# _____ Other _____
Naturalized () Alien Permanent () A# _____

ETHNIC GROUP (Please check one)

White () Black () Hispanic ()
Asian/Pacific Islander () American Indian () Unknown ()

EMERGENCY CONTACT:

NAME ADDRESS PHONE NUMBER

SIGNATURE: _____ DATE _____

FOR OFFICIAL USE ONLY

Empl. ID # _____

Empl. Rec # _____

Position # _____

HRCMS _____

Initials Date

SSC _____

Initials Date