

EMPLOYEE INFORMATION

This information is used for payroll, human resources and reporting purposes.

First Name, Middle Initial, and Last Name: _____

Preferred First Name: _____

Street Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Job Title: _____

Department: _____

Campus Extension: _____ Campus Address: _____

EMERGENCY CONTACT INFORMATION:

In case of emergency, please contact:

Name: _____

Street Address: _____

City, State, and Zip Code: _____

Relationship: _____ Phone: _____

POST-SECONDARY EDUCATION:

Degree (I.E. Master of Science or Bachelors of Fine Arts): _____

Institution: _____

Majors: _____

Minors: _____

Date of Completion: _____

RECRUITMENT SURVEY:

How did you learn about your position?

- FSU website
- FSU employee
- Newspaper _____
- Other print publication _____
- Other website or electronic medium _____
- Other _____

For accurate workforce data and compliance with regulatory requirements, the University requests the following voluntary disclosures of demographic information:

CITIZENSHIP: U.S. Citizen Non-U.S. Citizen

MARITAL STATUS: Single Married

SEX: Male Female

RACE & ETHNICITY: Are you Hispanic or Latino? Yes No

What is your race? (Choose one or more):

- Native Hawaiian or Other Pacific Islander Black or African American
- White American Indian or Alaskan Native Asian

Signature: _____ Date: _____