



Employee Data Sheet

Office of Human Resources Revised 8/25/15 (dmd)

Name: _____	Maiden Name (if applicable): _____
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Social Security #: _____	Current Date: _____	Signature: _____
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Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	Campus: <input type="checkbox"/> Lawrenceville <input type="checkbox"/> Princeton
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Salutation: <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: _____ <i>month/day/year</i>
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Ethnic Information

Are you Hispanic/Latino?
 No, not Hispanic/Latino Yes, Hispanic/Latino

What is your race? (please select all that apply)
 American Indian/Alaska Native
 Asian
 Black or African-American
 Native Hawaiian/Pacific Islander
 White or Caucasian

Are there any accommodations which need to be made due to a disability? Yes No *If yes, please explain.*

Contact Information:

Street Address _____ Home Phone _____
area code/number

City, State, Zip _____ Cell Phone _____
area code/number

County _____ Personal Email _____

Emergency Contact:
(Primary) (in case of illness or emergency)

Name _____ Relationship _____

Street _____ Phone _____
area code/number

City, State, Zip _____ Email _____

Family Members: *(list spouse/domestic partner and any legal dependents)*

name _____	relationship _____	social security number _____	birth date _____
name _____	relationship _____	social security number _____	birth date _____
name _____	relationship _____	social security number _____	birth date _____
name _____	relationship _____	social security number _____	birth date _____

