



PERSONAL DATA FORM

Section I: To be verified by Hiring Department

Must complete new forms if a new hire or rehire. Verifiers Name: _____

Employment Paperwork Checklist Complete the checklist below before sending to HRSTM

HRSTM Forms

- PAF (Personal Action Form)
- Background Check Authorization Form
- I-9 Form (Verification by HRSTM Staff only)
- Initial Rank Placement (PTF)
- Personal

Data Form

- Payroll Forms
- Tax Forms
- Direct Deposit Form

Section II: To be completed by Employee

Personal Information Complete the following:

MC ID (M#):

Social Security Number:

Employee Name:

(As it appears on your Social Security Card)

Last

First

Middle

Prefix:

Mr.

Mrs.

Ms.

Dr.

Other:

Email address:

Phone #:

Cell #:

Must provide email address to initiate background check (follow GIS email instructions)

Address:

Where you ever an MC student or employer? Yes No

If yes, what was your last name at that time?

Supervisors Name:

Phone Number:



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Department:

Campus:

Employee Type

Choose from the following employee type (select one):

- | | | |
|--|--|--|
| <input type="radio"/> FT Faculty | <input type="radio"/> Staff | <input type="radio"/> Student Aide |
| <input type="radio"/> PT Faculty | <input type="radio"/> Casual Temp | <input type="radio"/> Student Aide
(Federal work study) |
| <input type="radio"/> WD&CE PT
Faculty/Instructor | <input type="radio"/> Temp with Benefits | |

Demographic Information

Choose from the following demographics (select one):

- Gender:** Female Male **Birthdate** (MM/DD/YY)
- Marital Status:** Single Married

Military Status

Choose from the following (select one):

- | | |
|---|--|
| <input type="radio"/> Not a Veteran | <input type="radio"/> Protected Veteran |
| <input type="radio"/> Not a Protected Veteran | <input type="radio"/> Active Wartime or Campaign Badge Veteran |

Citizenship Status

Choose from the following (select one):

- | | |
|--|------------------|
| <input type="radio"/> U.S. Citizen (Native) | Visa Type: |
| <input type="radio"/> Permanent Resident | Expiration Date: |
| <input type="radio"/> Non-Resident | Birth Country: |
| <input type="radio"/> U.S. Citizen (naturalized) | |



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Race/Ethnicity

Please check one of the descriptions below corresponding to the ethnic group with which you identify.

- Hispanic or Latino:** A person of Cuban Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native American or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

Education

Complete the following:

Highest Degree Earned:

Name of School:

Major:

Certification Earned:

Year Confirmed:

Year Confirmed:



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Emergency Contacts

Complete the following:

Emergency Contact 1

Name:

Relationship:

Phone #:

Emergency Contact 2

Name:

Relationship:

Phone #:

Certification: I certify that the information, which provided above, is complete and accurate.

Employee Signature

Date

**Forward to the Office of Human Resources and Strategic Talent Management,
CT101, Attention: Records**

Preparer Signature

Date