

# Employee Data Collection Form

## 1. Employee Information

<b>Social Security #:</b>		<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Suffix Name (circle one)</b>  II   III   IV   V   Jr.   Sr.   None			<b>Birth Date:</b>		<b>Racial Identity:</b> <input type="checkbox"/> Not Reported <input type="checkbox"/> Amer Indian/Alaska Nat <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White		<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Citizenship/Visa Status:</b>		<b>Citizenship Country:</b>		<b>Visa or Perm Res #:</b>		<b>Check Distribution:</b> 11313	
<b>Military Status (check one):</b> <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Special Disability		<b>Highest Education Level (check one):</b> <input type="checkbox"/> Less Than 7 <sup>th</sup> Grade <input type="checkbox"/> 7 <sup>th</sup> , 8 <sup>th</sup> , 9 <sup>th</sup> Grade Completed <input type="checkbox"/> 10 <sup>th</sup> , 11 <sup>th</sup> Grade Completed <input type="checkbox"/> High School Grad or GED <input type="checkbox"/> Some Bus Coll Trade (HS Grad) <input type="checkbox"/> Associate Degree Earned <input type="checkbox"/> Bachelor's Degree Earned <input type="checkbox"/> Some Graduate Study <input type="checkbox"/> Advanced Grad Specialist (AGS) <input type="checkbox"/> Master's Degree Earned <input type="checkbox"/> Doctoral Degree Earned <input type="checkbox"/> First Professional Degree Earned		<b>Phone Directory (check one):</b> <input type="checkbox"/> All information <input type="checkbox"/> Blank <input type="checkbox"/> No Permanent Address/Phone <input type="checkbox"/> No Permanent Address <input type="checkbox"/> No Permanent Phone		<b>Retired from State (check one):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 2. Employee Address Information

<b>Business/Office Address:</b>			<b>Phone:</b>		
<b>Permanent Address:</b>		<b>City:</b>	<b>Zip Code:</b>	<b>Phone:</b>	
		<b>County:</b>	<b>State:</b>		

## 3. Employee Email Address Information

<b>Primary Email Address:</b>
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## 4. Employee Education Information (List all degrees earned)

Please also list the state and city of each institution. <b>Institution:</b>	Please list the type of degree earned and the discipline. <b>Degree:</b>	Degree Date (yyyy/mm): <b>Degree Date (yyyy/mm):</b>
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