

Employee Information Form

Employee Number _____

Employee Name (*Last, First, Middle*) _____

Street Address (*City, State, Zip*) _____

Mailing Address _____

Home Phone # _____ Business Phone # _____ Cell Phone # _____

Social Security # _____

In case of emergency, contact _____ Phone # _____

Do you have previous state service? Yes No Have you retired from NC state service? Yes* No

*If so, what are your hire _____ and retirement _____ dates?

New Employee

Date of Birth _____

Male Female Physically Handicapped? Yes No

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

- Non-resident Alien Asian White
 Hispanic/Latino Black or African-American
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Education (check one)

- Less than high school High school or equivalent One year of college
 Vocational diploma Two years of college Three-four years of college
 Associate's degree Bachelor's degree Master's degree
 Doctoral degree Educational specialist

Are you a U.S. citizen or a permanent resident alien? Yes No OR non-resident alien? Yes No

TO BE COMPLETED BY DEPARTMENT

Effective Date _____ Contract Length _____

New employee Return to active status Other (be specific)

Job Title _____

Status (*check one*) FTF FTS PTS PTF FTT

Budget Code _____ \$ _____ /hour

P/T Student F/T Student Non-student

FACL status: STUD (full- or part-time student employee, not FWS)

TO BE COMPLETED BY HUMAN RESOURCES

Department _____ EEOC Code _____

Location _____

Area of Instruction _____

Position _____ Leave Plans _____

Pay cycle FT PT Contract Length _____

Code Hourly Salary

Account# _____ Account # _____

Classification _____ Account # _____

Tax Status and Exemptions W4 _____ NC4 _____

Deductions Retirement _____ Hospitalization _____ Dental _____ Other _____

SVM _____ DRUS _____