



# The Office of Human Resources

## Employee Information/Emergency Contact Form

Name:  Employee ID:  Date:

Street Address:  County:

City:  State:  Zip Code:

Home Phone:  Cell Phone:  Home E-mail:

Department:  Supervisor:

Campus Building:  Room Number:  Campus Phone:

### **EMERGENCY CONTACTS**

Name:  Relationship:

Street Address:  City:  State/Zip:

Home Phone:  Cell Phone:  Business Phone:

Name:  Relationship:

Street Address:  City:  State/Zip:

Home Phone:  Cell Phone:  Business Phone:

**If you would like to participate in The College of New Jersey's Emergency Text Communication System, please provide your cell phone number:**

Cell Phone Number:

### **STATISTICAL INFORMATION**

*The College of New Jersey is an Equal Opportunity and Affirmative Action Employer. The following information will be used for statistical purposes only, and will not be used to discriminate in any way.*

**Gender:**  Male  Female  Other      **Are you a US Citizen?**  Yes  No      **Veteran Status?**  Yes  No

Date of Birth:  Marital Status:

Will you require any accommodations for a disability?  Please Specify:

### **ETHNIC GROUP**

**What is your race? Select one or more**

- Are you Hispanic or Latino?
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Hispanic/Latino
  - White
  - Native Hawaiian or Pacific Islander

### **HIGHEST LEVEL OF EDUCATION COMPLETED**

- Less than High School Graduate
- High School Graduate or Equivalent
- Some College
- Technical School
- Two year College degree
- Bachelor's degree
- Some Graduate School
- Master's degree
- Doctorate       Academic       Professional
- Post Doctorate