New Hire Demographic Form

Upon an applicant's acceptance of a job offer, hiring departments should complete this form and use it to assist in initiating a hiring ePAF. The hiring department must destroy the form after the ePAF has been approved.

Note: This form must not be emailed or scanned if a Social Security Number is included

Personal Information

Email address_____
 (Important! This will be used by GatorStart to contact employee and should be a personal email address)

UFID   _____   Hire Date   _____/_____/_____
 (Important! Please ask employee if they have a UFID)   *mm   dd   yr*

Name   _____
         First   Middle   Last
(Important! Name must be as it appears on the social security card)

Date of Birth _____/_____/_____   Social Security # _____/_____/_____
         mm   dd   yr

Gender   ❑ Male   ❑ Female   Marital Status   ❑ Single   ❑ Married

Citizenship Status   ❑ Citizen   ❑ Non-Citizen National of US   ❑ Non-Resident Alien   ❑ Perm Resident

Highest Education Level   ❑ 2-Yr College   ❑ Bachelor   ❑ Doctorate   ❑ High School Grad
                         ❑ Less Than High School   ❑ Tech School   ❑ MD,DDS,JD
                         ❑ Some College   ❑ Master   ❑ Other _____

Home Address & Phone (permanent physical address: may/may not be a US address)

Address Line 1   _____

Address Line 2   _____

City   _____   County   _____

State   _____   Zip/Post Code   _____

Country   _____   Phone   _____

Mailing Address & Phone (employee's local address: must be a US address)

Check here if same as permanent address ❑

Address Line 1 _____

Address Line 2 _____

City _____ County _____

State _____ Zip/Post Code _____

Country _____ Phone _____

Business Address & Phone (UF address: typically a PO Box)

Address Line 1 _____

Address Line 2 _____

City _____ County _____

State _____ Zip/Post Code _____

Country _____ Phone _____

Department Use Only (optional)

Department ID [_____]

Salary Plan _____ Position No. _____ JobCode _____

Empl Class _____ FTE _____ Std Hrs _____

Comp Rate _____ Workgroup _____ FICA status _____

Notes: