TAFTCOLLEGE Employee Personal Data Form

Please Select One: New Emp	oloyee Rehire	Rehire Update Employee Data		Effec	Effective Date:	
Job Position:						
Personal Information						
Name (Last, First, MI):						
Preferred Name:						
Street Address:		1				
City:		State:	T		Zip:	
Home Phone:			Mobile Phone:			
Email Address:						
Social Security Number:			DOB:			
Gender: 🗌 Male 🗌 Female Marital S			□ Single	Married	Divorced Widowed	
Dependent Information						
Name		Relat	tionship		Date of Birth	
Demographic Information						
Ethnicity: Please check the box that best describes your ethnicity						
Asian/Pacific Islander American Indian/Alaskan Native Black/African American Hispanic White						
□ Other:						
Military/Veteran Status: Please select all that apply						
Are you a disabled Veteran?  Yes No Do you have current or prior military service?  Yes No						
□ Vietnam Veteran Only □ Vietnam <u>and</u> Other Eligible Veteran □ Other Protected Veteran						
Citizenship: Please select all that apply						
Are you a US Citizen?  Yes No If No please select one:  Permanent Resident Non-Resident Alien						
Emergency Contact Information						
Primary Contact Name:		Phone	Phone Number :		Relationship:	
Secondary Contact Name:			e Number :		Relationship:	
Please return completed form to Human Resources. HR/Payroll use only below this line.						
1.Record created/updated in QSS: By: Payroll #: (forward offer letter, W-4, de4, Direct Deposit, Retirement Information to Payroll)						
2.Record created/updated in TC+: By: 3. Record created/updated in Banner: By: A#						