

## **Employee Personal Profile**

<u>New Employee</u>. Please complete this form and return to the office of Human Resources

<u>Current or Previous Employee</u>. (Please indicate your current or previous position)

			En	nployee Inf	ormation				
						Date of			
Full Name:							Birth:		
	Last		Fii	rst		Middle	Month Do	ay Year	
Social Securi	ity _				-				
Number: Ad	dress:								
	Street Address						Apartment/L	Init #	
	City					State	ZIP Code		
Phone:			Email: _			Gender:			
Marital State	us: Single	Married	Divorced	Separated	Other:				
Ethnicity/Ra	ce (check all tha	at apply): Are	You Hispanic,	/Latino?	Yes No				
☐ America	n Indian/Alaska	Native	Asian	Black/Af	rican-American	Native Hawaii	ian/Pacific Islande	er White	
Are you a cit	tizen of the Unit	ted States?	YES NO	)	If no, are you	u authorized to wo	ork in the U.S.? Y	ES NO	
	n member of System of Alaba		er's YES 🔲	NO 🗌	Employment	Date:		_	
-	e you an active ary 1, 2013?	e member o	n or YES 🔲	NO		gned:			
Active Member Retired Member					Campus Ass	igned:		-	
If you are a	student, are yo	u currently e	nrolled full-tin	ne? Yes	No				
				Educ	cation				
Highest Edu	ıcation Level: —			Highes	st Degree and Ma	jor:			
Date Acquir	ed:	Ins	titution Name	e:					
-	_	-	E	mergency (	Contact	_	_		
Name:						:			
					Relationship	•			
Phone:									
	statements are s the electronic co	•		•	ıld like to receive —	a paper copy <u>in</u>			
Signature:						Date	:		