

Arkansas State University
Employee Information Form
(form must be complete)

Full Legal Name: _____ Social Security Number: _____

Preferred Name: _____ ASU ID: _____

Permanent (W2) Address: _____ Date of Birth: _____ Sex: Male Female

City: _____ State: _____ Zip: _____ Phone (Area Code First): _____

Resident Country: _____ Citizenship: US Citizen Perm Resident Non-Res Alien

Ethnicity: Hispanic/Latino Race: Asian Marital Status: Divorced

If you are Hispanic or Latino, please check the checkbox above. If you are not, please check one of the Race categories.

Black/African American
 American Indian/Alaskan
 Native
 Native Hawaiian/Pacific Islander
 White
 Not Disclosed

Married
 Separated
 Single
 Unspecified
 Widow
 Other

Disability Status: _____ Military Status: _____

Hiring Department: _____ Organization Code: _____

ASU Email Address: _____ ASU Phone: _____

Prior Arkansas State University/State Employment? Yes No If yes, from _____ to _____

Spouse's Name: _____ Number of Dependents: _____

Emergency Contact: _____ Relationship: _____

Emergency Address: _____ Phone (Area Code First): _____
City: _____ State: _____ Zip: _____

Highest Level of Education:

Elementary School: _____ Grade Completed: _____

High School: _____ Grade Completed: _____ Year of GED: _____ Grad Date: _____

Associate Degree Institution: _____ Grad Date: _____
Major: _____

Bachelor Degree Institution: _____ Grad Date: _____
Major: _____ Minor: _____

Master Degree Institution: _____ Degree: _____ Grad Date: _____

Doctorate Institution: _____ Degree: _____ Grad Date: _____

Other _____

Employee Signature: _____ Date: _____