

Employee Information Form

Date: _____

Name: _____

Date of Birth: _____

Present Address: _____

Date of Employment: _____

Telephone Number: _____

Social Security #: _____

In case of emergency, notify:

Name (1) _____ **Relationship:** _____

Home phone: _____ Business phone: _____

Home address: _____

Business address: _____

Name (2) _____ **Relationship:** _____

Home phone: _____ Business phone: _____

Home address: _____

Business address: _____

Are you an ordained minister? Yes _____ No _____

I have received the personnel policy that applies to my area of employment which includes: Family Leave Act, Substance Abuse Policy, and the University vacation, sick, and holiday leave policies.

I have reviewed the materials and have no questions.

Signature