



Employee Personal

Information

Employee Number: _____

General Information

Full Legal Name:

_____ Last First Middle

Permanent Home Address:

_____ Street City State Country Postal Code

Local Mailing Address:

_____ Street City State Country Postal Code

Home Phone Number: (____) _____ SSN: ____ - ____ - ____

Have you ever been an employee or student at Clarkson? Yes No

Are you a United States Citizen? Y N If no, what is your country of citizenship? _____

Foreign Address:

Foreign National Visa: F H J Green Card/Permanent Residency

Gender: Male Female Unknown Marital Status: _____

Do you consider yourself to be Hispanic/Latino? Yes No

Amercia Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Date of Birth: ____ / ____ / ____
MM DD YYYY

Location of Birth: _____
City State Country

If born in NY, what County: _____

Education

Check Highest Level Achieved:

High School Diploma Bachelors Masters PhD Other _____

Name of institution where highest degree was achieved _____ Year _____

Discipline: _____

Military Service: Non Veteran Veteran Disabled Veteran Vietnam-Era Veteran Vietnam-Era Disabled Campaign Expedition

Disabilities: Not Disabled Paraplegia Hearing Impaired Visually Impaired Loss of Lower Limb

CU Employee

Department

EMPLOYEE EMERGENCY CONTACT FORM

Name _____
Department _____

Personal Contact Info:

Home Address _____
City, State, ZIP _____
Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____
Address _____
City, State, ZIP _____
Home Telephone # _____ Cell # _____
Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____
Address _____
City, State, ZIP _____
Home Telephone # _____ Cell # _____
Work Telephone # _____ Employer _____

Employee Signature _____ Date _____