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 **Edgewood College
Employee Information Form**

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| **GENERAL INFORMATION** |
| **Full Legal Name:**Click or tap here to enter text. | **Today’s Date:** Click or tap to enter a date. |
| **Chosen Name:**Click or tap here to enter text. | **Maiden Name (if applicable):**Click or tap here to enter text. |
| **Street Address:**Click or tap here to enter text. | **Birth Date:**Click or tap here to enter text. |
| **City, State, Zip:**Click or tap here to enter text. | **Social Security Number:**Click or tap here to enter text. |
| **Phone Number Type:**Click or tap here to enter text. | **Phone:**Click or tap here to enter text. |
| **Marital Status:**Click or tap here to enter text. | **Gender:**Click or tap here to enter text. |
|  |  |  |  |  |
| **Are you an American Veteran?** |[ ]  Yes |[ ]  No |
|  |
| **If yes, which branch?** |
|  |[ ]  Airforce |[ ]  Army |[ ]  Coast Guard |[ ]  Marines |[ ]  Navy |
|  |
| **Religions:** |
|  |  |  |  |  |  |
| **Are you of Hispanic, Latino Origin?**  |  |[ ]  Yes |[ ]  No |
|  |  |  |
| **Race:** |[ ]  American Indian or Alaskan Native |
|  |  |  |
|  |[ ]  Asian |
|  |  |  |
|  |[ ]  Black or African American |
|  |  |  |
|  |[ ]  Native Hawaiian or Other Pacific Islander |
|  |  |  |
|  |[ ]  White |
|  |  |  |
|  |
| **EMERGENCY CONTACT INFORMATION In case of an emergency** |
| **First Name:**Click or tap here to enter text. | **Last Name:**Click or tap here to enter text. |
| **Work Phone:**Click or tap here to enter text. | **Home Phone:**Click or tap here to enter text. |
| **Mobile Phone:**Click or tap here to enter text. | **Relationship:**Click or tap here to enter text. |
|  |  |
| **EMERGENCY CONTACT INFORMATION CONTINUED…** |
| **First Name:**Click or tap here to enter text. | **Last Name:**Click or tap here to enter text. |
| **Work Phone:**Click or tap here to enter text. | **Home Phone:**Click or tap here to enter text. |
| **Mobile Phone:**Click or tap here to enter text. | **Relationship:**Click or tap here to enter text. |

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| **Please attach a resume or complete the information below:** |
| **PREVIOUS WORK HISTORY** |
| **Previous Employer:**Click or tap here to enter text. | **Start Date:**Click or tap here to enter text. | **End Date:**Click or tap here to enter text. | **Full/Part-Time Hours:**Click or tap here to enter text. |
| **Previous Employer:**Click or tap here to enter text. | **Start Date:**Click or tap here to enter text. | **End Date:**Click or tap here to enter text. | **Full/Part-Time Hours:**Click or tap here to enter text. |
| **EDUCATIONAL INFORMATION** |
| **Name/Location:** | **Years Completed:** | **Major Course of Study:** | **Degree:** | **Date Received:** |
| **Highschool** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **College/University** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Advanced Degrees:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Technical School:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Certificates:** | Click or tap here to enter text. | **Expiration Date(s):**Click or tap here to enter text. |
| **Professional License(s):** | Click or tap here to enter text. | **Expiration Date(s):**Click or tap here to enter text. |

I certify that the information on this form is correct to the best of my knowledge. I understand that any willful misrepresentation of essential facts may be reason for dismissal.

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| **Employee’s Signature:** |  |  | **Date:** |  |