

EMPLOYEE DATA PROFILE

GENERAL INFORMATION					
<input type="checkbox"/> Employee	<input type="checkbox"/> Spelman Temporary	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Update /Change (Effective Date) _____		
Reason for Update/Change:					
<input type="checkbox"/> Address <input type="checkbox"/> Department <input type="checkbox"/> Emergency Contact Information <input type="checkbox"/> Last Name <input type="checkbox"/> Marital Status <input type="checkbox"/> Other _____					
Prefix:		Name (Last, First, Middle):		Suffix:	
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Other _____	
SSN or Employee ID Number:		Job Title:		Department:	
Date of Birth (month/day/yr):		Gender:		Marital Status:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
<input type="checkbox"/> American Indian or Alaska Native not Hispanic or Latino		<input type="checkbox"/> Black or African American not Hispanic or Latino		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander not Hispanic or Latino	
<input type="checkbox"/> Asian, not Hispanic or Latino		<input type="checkbox"/> Hispanic or Latino (all races)		<input type="checkbox"/> White, not Hispanic or Latino	
				<input type="checkbox"/> Two or more Races not Hispanic or Latino	
				<input type="checkbox"/> I prefer not to answer	
MAILING ADDRESS INFORMATION			MILITARY EXPERIENCE		
Street Address:			Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your discharge other than honorable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City:		County:		Check the appropriate status: <input type="checkbox"/> Eligible Veteran <input type="checkbox"/> Vietnam Era Veteran Only	
State:		Zip:			
Home Telephone Number (include area code):			<input type="checkbox"/> Both Vietnam/Other Eligible Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> None		
Cell Number - Optional (include area code):					
CAMPUS ADDRESS INFORMATION					
Campus Location (Rockefeller, Cosby, etc.):		Room Location #:	Campus Box #:	Extension:	Email Address:
EMERGENCY CONTACT INFORMATION					
Name:			Relationship:		
Street Address:			City:	State:	Zip:
Daytime Contact Number (include area code):			Evening Contact Number (include area code):		
EDUCATIONAL BACKGROUND					
Degrees Received					
Institution:	Degree:	Major:	Date Received:		
_____	_____	_____	_____		
Institution:	Degree:	Major:	Date Received:		
_____	_____	_____	_____		
Institution:	Degree:	Major:	Date Received:		
_____	_____	_____	_____		
Institution:	Degree:	Major:	Date Received:		
_____	_____	_____	_____		
SIGNATURE					
Signature: _____					Date: _____
FOR HR OFFICE USE ONLY					
Entered into Banner:		Dept. Identifier		Entered in Insurance Database	