

Employee Name: _____

Employee ID: _____



Stetson University

NEW EMPLOYEE INFORMATION

Personal Identification (PPAIDEN)			
Social Security Number:			
Last Name:	First Name:	Middle:	
Prefix (Mr., Mrs., Ms., Dr):	Suffix (Jr., Sr., III etc):		
Preferred First Name:			
Biographic/Demographic			
Gender (M/F):	Date of Birth:	Citizenship (see codes below):	
Marital Status (see codes below):		Ethnicity (see codes below):	
Mailing Address (MA)			
Street:			
City:	State:	Zip:	
County:	Nation:		
Phone (area code/extension):			
Permanent Address (if different than mailing address) (PR)			
Street:			
City:	State:	Zip:	
County:	Nation:		
Phone (area code/extension):			
Code References			
<i>Ethnicity:</i>		<i>Marital Status:</i>	
1 = White		C = Domestic Partner	
2 = Black		D = Divorced	S = Single
3 = Hispanic		M = Married	W = Widowed
4 = Asian/Pacific Islander			
5 = Alaskan Native or American Indian		<i>Citizenship Codes:</i>	
6 = Other		Y = Citizen	
		N = Non-Citizen	
		RA = Resident Alien	

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Additional Information		
Driver's License Number :		
Licensing State:		
Veteran File Number (if applicable):		
Vietnam Era (Pre/During/Post):		
Special Disabled Veteran (Y/N):		
Emergency Contact Information		
Last Name:		
First Name:		
Middle Initial:		
Relationship (mother, father, etc):		
Street Address:		
City:	State:	Zip:
Phone Number:		
Legal Name:		
Employee's Full Legal Name*:		

** In some cases, full legal name may be different from the name information entered on page 1.*