Office of Human Resources

PERSONAL INFORMATION

☐ **New Hire** **Change:** ☐ **Name** ☐ **Address**

The information requested below is required for purposes of governmental reporting and Volunteer State Community College recordkeeping. Volunteer State Community College strictly adheres to all State and Federal laws pertaining to employment practices.

If a name change, please provide supporting documentation (i.e. social security card, marriage license, etc.)

PLEASE PRINT - COMPLETE ALL BLANKS

Date of Hire: _____ **Social Security No.:** _____ **VSCC I.D. #:** _____

Print Name: _____
Last First Middle Initial

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Date of Birth: _____ **Phone No.:** _____

Gender:
☐ Male
☐ Female

New Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Marital Status:
☐ Divorced
☐ Married – Date of Marriage _____
☐ Domestic Partner
☐ Other
☐ Separated
☐ Single
☐ Widowed

Ethnicity:
☐ Alaskan Native
☐ American Indian
☐ Asian
☐ Black or African American
☐ White
☐ Native Hawaiian or Other Pacific Islander

Signature: _____ **Date:** _____

cc: Payroll (Name changes only)
H.R. Coordinator (All)

Rev. 04/27/11