



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 Social Security card. A marriage license may also be required for benefit purposes.

**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:**  Not Hispanic or Latino  
 Hispanic or Latino

**Marital Status:**  Married-Date of Marriage \_\_\_\_\_  
 Divorced  
 Domestic Partner  
 Other  
 Separated  
 Single  
 Widowed

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

Are you employed as a regular part-time or regular full-time employee at another State Agency or Institution?  Yes  No  
If yes, please list Agency and position/title \_\_\_\_\_  
Are you currently receiving retirement benefits from prior employment with the State of Tennessee?  Yes  No  
In order to process a payroll check, federal regulations require disclosures of your retirement system(s). If none, please write in "none".  
List Retirement System: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_