



PERSONAL INFORMATION

☐ **New Hire**

☐ **Name Change:**

☐ **Address Change**

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: _____

VSCC I.D. #: _____

Print Name: _____
Last First Middle Initial

Preferred First Name: _____

Social Security No.: _____

Date of Birth: _____

Phone No.: _____

Address: _____

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

Marital Status: ☐ Married-Date of Marriage _____
☐ Divorced
☐ Domestic Partner
☐ Other

☐ Separated
☐ Single
☐ Widowed

Are you employed as a regular part-time or regular full-time employee at another TN 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: _____