



**Office of Human Resources  
Employee Personal Information Form**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:  Male  Female  
Status:  Single  Married  Civil Union/Domestic Partnership  
 Divorced  Widowed

Ethnicity: Are you Hispanic or Latino?  Yes  No

Race: Regardless of how you responded above, please choose one or more races from the list below.  
 American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Are You a Veteran?  Yes  No

Highest Degree Earned: \_\_\_\_\_ Institution: \_\_\_\_\_ Year: \_\_\_\_\_

Do you have prior service with the State of New Jersey?  Yes  No  
If you answered yes, please provide the following information.

Job Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

In an effort to assist you with your transition into the University community, please answer the following questions about your new position.

- Will you be responsible for managing a College, Division or Department?  Yes  No
- Will you be responsible for supervising staff members?  Yes  No

Emergency Contact Information:

Name of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Telephone # 1: \_\_\_\_\_ Emergency Telephone # 2: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_