

HUMAN RESOURCES INFORMATION

Name: _____
Last First Middle

Prefix: Dr. Mr. Mrs. Ms. Rev. **Source:** FAC STF VOL

Preferred Name: _____ **Maiden Name:** _____

Previous Affiliation with BSC: Yes No **If Yes:** Applicant Student Employee Vendor

SSN: _____ **Birth Date:** _____

Marital Status: M S **Gender:** M F

Ethnic: NHS Non Hispanic/Latino HIS Hispanic/Latino

Race: AN American/Alaska Native AS Asian BL Black or African American HP Hawaiian/Pacific Islander WH White

(ADR)Address: _____ **City, State Zip:** _____

Phone: home _____ cell _____

(PREL) Spouse Name: _____ **Religious Identification:(Optional):** _____
Last First Middle Initial

(EMER) Emergency Contact Name and Phone: _____

Department: _____ **(OFFI) Building:** _____ **Office Rm.#:** _____

Extension: _____ **Campus Box:** _____ **(POSS) Supervisor:** _____

OFFICE USE ONLY

Start Date: _____ **Position:** Faculty Staff / Full-time Part-time

Full-time Faculty only: Tenured Non-Tenured, on track Non-Tenured, not on track

POSITION: Title _____ Position # _____

SALARY: _____ **DATATEL ID #:** _____ **GHG:** _____

(ETAX) FED _____ **EPOV** Y _____ **(EDDP) DIRECT DEPOSIT:**
Bank Code: _____ Type: D S

TAXES: AL _____ **PPOS** _____ Acct#: _____ Dep. Amt-\$ _____ / REM

(LVS) LEAVE: A _____ S _____ **PWAG if FAC/ADJ** _____ **(BNDS) BENEFITS DEDUCTIONS START DATE:**
LIFE _____ AD&D _____ TC02 _____

I-9/E-verify (date completed) _____ **W4 (date completed)** _____