Employee Information Form

Complete and return to Human Resources, Rockland Campus. All personal information will be kept confidential.

Personal Information:

Name _____ Date _____
First Middle Initial Last

Address _____

City _____ State_____ ZIP Code _____

Phone Numbers: Home _____
Cell _____

Gender: Female ☐ Male ☐ Date of Birth _____

Are you Hispanic or Latino? No ☐ Yes ☐

Select one or more of the following races:
American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐
Native Hawaiian or Other Pacific Islander ☐ White ☐

Marital Status _____ If Married, Spouse's Name _____

Dependent Children:
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

Denominational Affiliation _____ Are you ordained as clergy? _____

Emergency Contact:
Name _____ Relation _____ Phone Number(s) _____

Academic Background:

Institution Name	Degree, Field of Specialization	Completion Date (mm/yyyy)

Employment-Related Information:

Primary Campus: New York City ☐ Rockland ☐

Title _____ Start Date _____ Status: Full-Time ☐
Part-Time ☐

Department _____ Phone Extension _____

Employee Type: Staff ☐ Administrative Faculty ☐ Teaching Faculty ☐

Faculty Rank (if applicable): Full Professor ☐ Associate ☐ Assistant ☐ Lecturer ☐ Adjunct ☐