Montgomery College

Employee Personal Data Form

MC ID#_____ (Current Employees Only)

PART 1

☐ NEW EMPLOYEE	☐REHIRE	☐ UPDATE DATA	Social Security Number (New Employee or Rehire Only)

Employee' s Name (Last Name, First, MI) (as it appears on your Social Security Card)

Were you ever a Student/Employee of Montgomery College? ☐ Yes ☐ No	Name under which you were employed or enrolled

Prefix ☐ Mr. ☐ Mrs. ☐ Ms. ☐Dr. ☐Other _____

Suffix ☐ Jr. ☐ II ☐ III ☐ Sr. ☐ PhD ☐Other _____

PART 2 EMPLOYEE ADDRESS & PHONE INFORMATION

Street	**APT/FL/SUITE**	**Home Phone**	**Cell Phone**

City	**State**	**Zip Code**	**County**

PART 3 DEMOGRAPHIC INFORMATION

Gender ☐ **Female** ☐ **Male**	**Marital Status** ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed**	**Birth Date (mm/dd/yyyy)**	**Birth Country**

Ethnicity
Hispanic or Latino ☐ **Yes** ☐ **No**

☐ **American Indian or Alaskan Native**
☐ **African American/Black**
☐ **Asian** ☐ **Native Hawaiian or Other Pacific Islander**
☐ **White**

Citizenship Status

☐ **US Citizen Birth (Native)** ☐ **US Citizen Naturalized**
☐ **Permanent Resident** ☐ **Non-Resident Alien- Visa type:** _____

Exp. Date:_____

Military Status (Check one if appropriate)

☐ **No Military Service** ☐ **Vietnam Veteran Only**
☐ **Both Vietnam and Other Eligible Veteran**
☐ **Other Protected Veteran**

Are you a disabled veteran? ☐ **YES** ☐ **NO**

Disability *(optional)*

☐ **None** ☐ **Mobility** ☐ **Speech**
☐ **Learning** ☐ **Blind** ☐ **Hearing**

PART 4 EDUCATION

☐ No Academic Credentials ☐ High School Diploma ☐ Trade Certification ☐ Some College

☐ Associate Degree Major: _____ Year Confirmed_____ ☐ Bachelor's Degree Major: _____ Year Confirmed_____

☐ Master's Degree Major: _____ Year Confirmed_____ ☐ Doctorate Major: _____ Year Confirmed_____

☐ Professional Certification : Certification: _____ Year Confirmed_____

PART 5 EMERGENCY CONTACT

Contact Name (Last, First)	**Phone Number**	**Relationship to Employee *(Optional)***
Contact Name (Last, First)	**Phone Number**	**Relationship to Employee *(Optional)***

PART 6 CERTIFICATION

I certify the information, which I have provided, is complete and accurate to the best of my knowledge.

Employee Signature **Date**

Please Forward to the Office of Human Resources for processing.

Revised 10/07