

# SKIDMORE

C O L L E G E

## NEW EMPLOYEE INFORMATION

(Last Name) (First Name) (M.I.) (Nickname)  Dr  
 Miss  
 Ms  
(Phone Listing)  Mrs  
 Mr

(Address) (City) (State) (Zip)

(Social Security Number) (Birthdate)  Female  Married  
 Male  Single

(Ethnicity): Are you Hispanic or Latino?  Yes  No (Race): Choose one or more:  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian/Other Pacific Islander  
 White

(Name of Spouse)

(Emergency Contact) (Phone)

Colleges Attended:  
\_\_\_\_\_  
Degree \_\_\_\_\_  
\_\_\_\_\_  
Degree \_\_\_\_\_  
\_\_\_\_\_  
Degree \_\_\_\_\_

Work Location: Building Office Phone Extension

<b>Faculty Staff Directory</b>		
DO YOU WISH TO HAVE YOUR HOME ADDRESS LISTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU WISH TO HAVE YOUR HOME PHONE NUMBER LISTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO