

University of Montevallo

NEW EMPLOYEE INFORMATION

Full Legal Name _____

Marital Status _____

Prefix: _____ Ms _____ Mr _____ Dr _____

Gender: _____ Female _____ Male _____

Address _____

Date of Birth _____

Social Security # _____

Home Phone _____

Campus Phone _____ Address _____

Cell Phone _____

Title/Position Held _____

Drivers License # _____

Department _____

Expiration Date _____

Home Email _____

Voluntary Disclosure of Disability:

Are you a:

Veteran: _____ Yes _____ No _____

Vietnam Era Veteran: _____ Yes _____ No _____

Disabled Veteran: _____ Yes _____ No _____

Ethnic Origin:

Are you Hispanic or Latino? _____ Yes _____ No _____

Please select one or more of the following racial categories with which you most closely identify.

_____ Black

_____ White

_____ Native Hawaiian/Pacific Islander

_____ Asian

_____ American Indian or Alaska Native

EMERGENCY CONTACT _____

Name

Relationship

Address

Phone Number

DEPENDENTS:

Name of Dependent	Birth Date	Relationship	Social Security #

EDUCATION: List all degrees acquired, beginning with highest degree. Be sure to have official transcripts mailed to: Office of Human Resources, Station 6055, Montevallo, AL 35115.

Degree	Year	Institution	Major

Are you a member of the Retirement Systems of Alabama? _____ Yes _____ No _____

Are you receiving pension benefits from the state Retirement System (Teacher's Retirement System)? _____ Yes _____ No _____

Signature

Date