

YAVAPAI COLLEGE

CONFIDENTIAL EMPLOYEE DATA FORM

SECTION I – EMPLOYEE INFORMATION		Effective Date:
<input type="checkbox"/> New Employee <input type="checkbox"/> Change of Information – complete only those sections where information has changed		
Name (AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)		
Last Name:	First Name:	MI:
Address (MAILING):	City	State ZIP
Address (RESIDENCE ADDRESS):	City	State ZIP
Home Phone:	Work Phone:	
SS#:	Date of Birth:	
Are you related to any Yavapai College employee? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who and relationship:		
FOR STATISTICAL REPORTING ONLY. SUBMISSION OF THIS IS INFORMATION IS VOLUNTARY: Self Identification: <input type="checkbox"/> Female <input type="checkbox"/> Male Race/Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Asian American/Pacific Island	LANGUAGE(S): <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Other _____	HIGHEST EDUCATIONAL DEGREE: <input type="checkbox"/> Less than HS <input type="checkbox"/> HS Degree <input type="checkbox"/> Some College <input type="checkbox"/> 2yr College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Some Graduate <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate
Do you need Disability Accommodations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION II – EMERGENCY CONTACT INFORMATION		
Last Name:	First Name:	
Relationship:		
Address (Street, PO Box, City, State, Zip):		
Home Phone:	Work Phone:	Other: <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Message
SECTION III – SEND MY PAY CHECK OR DIRECT DEPOSIT STUB TO:		
<input type="checkbox"/> Prescott Business Office	<input type="checkbox"/> Verde Business Office	<input type="checkbox"/> Sedona Business Office
<input type="checkbox"/> Prescott Valley Center	<input type="checkbox"/> Chino Valley Business Office	
<input type="checkbox"/> Mail to my address listed above	<input type="checkbox"/> Send to my Campus Mail Box # _____	<input type="checkbox"/> Other _____
SECTION IV – COMMENTS		
Employee Signature: _____		Date: _____
Human Resource Use Only: EmpID #: _____ By: _____		