

# YAVAPAI COLLEGE

## CONFIDENTIAL EMPLOYEE DATA FORM

<b>SECTION I – EMPLOYEE INFORMATION</b>		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:	
<b>FOR STATISTICAL REPORTING ONLY. SUBMISSION OF THIS IS INFORMATION IS VOLUNTARY:</b>	<b>LANGUAGE(S):</b>	<b>HIGHEST EDUCATIONAL DEGREE:</b>
Self Identification: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Spanish	<input type="checkbox"/> Less than HS <input type="checkbox"/> HS Degree
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> French <input type="checkbox"/> German	<input type="checkbox"/> Some College <input type="checkbox"/> 2yr College
<input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Some Graduate
<input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Asian American/Pacific Island		<input type="checkbox"/> Master's <input type="checkbox"/> Doctorate
Related to YC employee? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who and relationship: _____		
<b>SECTION II – EMERGENCY CONTACT INFORMATION</b>		
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
<b>SECTION III – SEND MY PAY CHECK OR DIRECT DEPOSIT STUB TO:</b>		
<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"/> Career & Technical Education Center <input type="checkbox"/> Mail to my address listed above <input type="checkbox"/> Send to my Campus Mail Box # _____ <input type="checkbox"/> Other _____		
<b>SECTION IV – COMMENTS</b>		
Employee Signature: _____		Date: _____
Human Resource Use Only: EmpID #: _____		By: _____