

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:	
Related to YC employee? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who and relationship:		
FOR STATISTICAL REPORTING ONLY. SUBMISSION OF THIS INFORMATION IS VOLUNTARY		
SELF-IDENTIFICATION: Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Race/Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian /Alaskan Native <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other	LANGUAGE(S): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Spanish <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
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 – COMMENTS		
Employee Signature: _____ Date: _____ <i>Log into the website at myYC.edu and hover over "My Services", click on "My Personal Information" to review and update your information.</i>		
Human Resource Use Only: Emp. ID #: _____ By: _____		