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**Edgewood College   
Employee Information Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **Full Legal Name:** Click or tap here to enter text. | | | | | | | | | | | **Today’s Date:** Click or tap to enter a date. | | | | | | | | | |
| **Chosen Name:** Click or tap here to enter text. | | | | | | | | | | | **Maiden Name (if applicable):** Click or tap here to enter text. | | | | | | | | | |
| **Street Address:** Click or tap here to enter text. | | | | | | | | | | | **Birth Date:** Click or tap here to enter text. | | | | | | | | | |
| **City, State, Zip:** Click or tap here to enter text. | | | | | | | | | | | **Social Security Number:** Click or tap here to enter text. | | | | | | | | | |
| **Phone Number Type:** Click or tap here to enter text. | | | | | | | | | | | **Phone:** Click or tap here to enter text. | | | | | | | | | |
| **Marital Status:** Click or tap here to enter text. | | | | | | | | | | | **Gender:** Click or tap here to enter text. | | | | | | | | | |
|  | | | | | | | | | | |  |  | | | | |  |  | | |
| **Are you an American Veteran?** | | | | | | | | | | |  | Yes | | | | |  | No | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **If yes, which branch?** | | | | | | | | | | | | | | | | | | | | |
|  |  | | Airforce | |  | Army | | |  | Coast Guard | | |  | | Marines | | | |  | Navy |
|  | | | | | | | | | | | | | | | | | | | | |
| **Religions:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  |  |  | | | | |  | |  | | | | |
| **Are you of Hispanic, Latino Origin?** | | | | | | |  |  | Yes | | | | |  | | No | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
| **Race:** | |  | | American Indian or Alaskan Native | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | | Asian | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | | Black or African American | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | | Native Hawaiian or Other Pacific Islander | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | | White | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT INFORMATION  In case of an emergency** | | | | | | | | | | | | | | | | | | | | |
| **First Name:** Click or tap here to enter text. | | | | | | | | | **Last Name:** Click or tap here to enter text. | | | | | | | | | | | |
| **Work Phone:** Click or tap here to enter text. | | | | | | | | | **Home Phone:** Click or tap here to enter text. | | | | | | | | | | | |
| **Mobile Phone:** Click or tap here to enter text. | | | | | | | | | **Relationship:** Click or tap here to enter text. | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |
| **EMERGENCY CONTACT INFORMATION CONTINUED…** | | | | | | | | | | | | | | | | | | | | |
| **First Name:** Click or tap here to enter text. | | | | | | | | | **Last Name:** Click or tap here to enter text. | | | | | | | | | | | |
| **Work Phone:** Click or tap here to enter text. | | | | | | | | | **Home Phone:** Click or tap here to enter text. | | | | | | | | | | | |
| **Mobile Phone:** Click or tap here to enter text. | | | | | | | | | **Relationship:** Click or tap here to enter text. | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **Please attach a resume or complete the information below:** | | | | |
| **PREVIOUS WORK HISTORY** | | | | |
| **Previous Employer:**  Click or tap here to enter text. | | **Start Date:** Click or tap here to enter text. | **End Date:** Click or tap here to enter text. | **Full/Part-Time Hours:** Click or tap here to enter text. | |
| **Previous Employer:** Click or tap here to enter text. | | **Start Date:** Click or tap here to enter text. | **End Date:** Click or tap here to enter text. | **Full/Part-Time Hours:** Click or tap here to enter text. | |
| **EDUCATIONAL INFORMATION** | | | | |
| **Name/Location:** | **Years Completed:** | **Major Course of Study:** | **Degree:** | **Date Received:** |
| **Highschool** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **College/University** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Advanced Degrees:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Technical School:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Certificates:** | Click or tap here to enter text. | | **Expiration Date(s):** Click or tap here to enter text. | |
| **Professional License(s):** | Click or tap here to enter text. | | **Expiration Date(s):** Click or tap here to enter text. | |

I certify that the information on this form is correct to the best of my knowledge. I understand that any willful misrepresentation of essential facts may be reason for dismissal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee’s Signature:** |  |  | **Date:** |  |