

# ROLLINS COLLEGE

## Personal Information Form

H/R USE ONLY:  
PPAIDEN: \_\_\_\_\_  
PEAEMPL: \_\_\_\_\_

Updated 08/04/16

All New Faculty and Staff must complete this form. The information requested is essential for federal and state reporting requirements. Once completed, please forward to the Human Resource Department.

Prospective Department: \_\_\_\_\_ Prospective Job Title: \_\_\_\_\_

Social Security No. _____	Last Name: _____
First Name: _____	Middle Name: _____
Preferred First Name: _____	Date of Birth: _____

Are you Hispanic or Latino?  Yes  No

Please select one or more race categories:

American Indian or Native Alaskan  Native Hawaiian or Other Pacific Islander

Asian  Black or African American  White

Gender:  Female  Male

Status:  Divorced  Married  Separated  Single  Widowed  Domestic Partner

Citizenship:  US Citizen  Non U.S. Citizen  Resident Alien  Non Resident Alien

If you are a foreign national, please complete the following questions:

Type of Visa: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

\*\*Permanent Address: Street: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*Permanent Phone: (\_\_\_\_) \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Emergency Cell Phone (To be used for the Outreach Emergency Alert system): (\_\_\_\_) \_\_\_\_\_

Cell Phone Provider (only list if you wish to receive text messages about emergencies from Outreach; you will be charged for all texts according to your plan): \_\_\_\_\_

Spouse/Significant Other's Name: \_\_\_\_\_

FOR REGULAR FULL-TIME AND PART-TIME STAFF ONLY:

\*\*Do you wish to have this information displayed in the Online Directory available for faculty, staff and students?  Yes  No

<b>EMERGENCY CONTACT INFORMATION:</b>	
Contact Last Name: _____	First: _____ Middle: _____
Address: Type: <input type="checkbox"/> Business <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	Relationship _____
Street: _____	City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____	Ext: _____ Email Address: _____

**Veteran Information (If Applicable)**

VA File Number: \_\_\_\_\_ Era: \_\_\_\_\_

Not a Veteran

Protected Veteran

Not a Protected Veteran

Active Wartime or Campaign Badge Veteran