

Confidential Employee Information

Employee ID

Last Name		Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
First Name	Middle Name	SSN

Birth Date	Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>		
Nationality USA <input type="checkbox"/> If Other - Country: _____ Visa Code: _____ Exp. Date: _____	Registered Disabled <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/>		
Ethnic Origin (choose one) American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino (White race only) <input type="checkbox"/> Hispanic or Latino (all other races) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Filipino <input type="checkbox"/>			
Veteran Status (choose one) Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Vietnam & Other Eligible Veteran <input type="checkbox"/> Other Eligible Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Vietnam Veteran <input type="checkbox"/> Disabled Vietnam & Other Eligible Veteran <input type="checkbox"/> Other Eligible Disabled Veteran <input type="checkbox"/>			

USD Email	Correspondence Language: English <input type="checkbox"/> Spanish <input type="checkbox"/>		
Have you ever had a USD ID before? No <input type="checkbox"/> Yes <input type="checkbox"/> as a <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee/Visitor			
Degrees BA/S <input type="checkbox"/> MA/S <input type="checkbox"/> PhD <input type="checkbox"/> JD <input type="checkbox"/> Other (list) _____	Current USD Student <input type="checkbox"/> ID # _____ Full Time <input type="checkbox"/>	Religious Exempt <input type="checkbox"/>	
Address:			
City:	State	Zip Code	

W-2 Address (if different)	Country (if not USA)		
City	State	Zip Code	

Phone () _____	Home	Work Ext
Phone () _____		

Emergency Contact	Relationship	Phone	USD Employee <input type="checkbox"/>
Paycheck/payslip delivery options: Pick up in Cashier's office <input type="checkbox"/> Mail to address <input type="checkbox"/>			