EMPLOYEE INFORMATION SHEET

Full Name:								
	La	st	First		Middle		Maide	n
Address:					~			
Street/P.O. Box		Box	City		State Zip			
Phone No:		_ D.O.B.:		SSN:				
Email Addre	ss:							
Status:								
Full-Tir	ne Pa	art-Time*P	₽qp/EDE''Uwfg	gpv+	Temporar	y	EDE''Uw	vf gpv
Uwdurkw	wg J	ki j "Uej qqı	h'Uwuf gpv'F work	Gptqmgf	Jkij	''Uej qqn'	Uwaf gp√	Qpn{
CBC Positio	CBC Position/Title:			Location:				
Employment	Dates: St	arts	Ends					
Verification Form must be completed every time a change in Job Position or Retirement has been made. Affirmative Action Information Citizenship Gender								
US Citizen			Male					
Lawful Permanent Reside		nt Resident	nt Female					
Alien	Authorized	l to work in	n U.S.					
Racial/Ethnic Background:								
Asian	Blac	ck	Caucasian/W	hite	Hispa	anic		
Native American (American Indian/Eskimo) Other								
	Name of Cou Institution		urse Major Degree Date		/Diploma	Da From	tes To	Credits Received
High School								
College/Univ						<u> </u>		
College/Univ						_		
College/Univ								
Grad Work								
Grad Work						+		
Doctoral								

A new form should be completed if/when additional degrees are earned.