

CGPS - New Hire Information

PERSONAL INFORMATION:

Name: _____

Other names used: _____ Maiden Name: _____

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth:	____ / ____ / ____	
Social Security Number:	____ - ____ - ____	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single
Preferred Form of Address:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.	

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mailing Address: _____

Emergency _____

Contact: (____) _____ Name: _____

Previous full-time employment in higher education ☐ Yes ☐ No

Please list all your degree information below:

<u>Graduation Date</u>	<u>Degree</u>	<u>College/University</u>

To be completed by Office:

Title: _____ Department: _____

Date of Hire: _____ ID #: _____