

Aurora University Employee Information Sheet

Please print clearly. New employees must complete all information, for updates, please complete appropriate sections. Please sign and date the form.

Social Security Number: _____

Last Name: _____ First Name: _____ Middle Name: _____

Title: Dr. Mr. Ms. Mrs. Miss

Street Address: _____ Apt. or Box Number: _____

City/State/Zip _____

Phone number: _____ Listed? Yes No Cell phone: _____

Do you wish to use the same address for your paycheck?

Yes No (Please enter check address if different): Street: _____

City/State/Zip: _____

Citizenship: U. S. Other: _____ Visa Status: _____

Marital Status: Married Single/divorced/widowed

Maiden name (if applicable): _____

Date of Birth: _____ Place of Birth: _____

Race/Ethnicity: 01 African-American, Black
 02 American Indian/Alaska Native
 03 Asian/Pacific Islander
 04 Hispanic
 05 White, non-Hispanic

For mandatory Federal reporting. If you are bi-racial or multi-racial, and wish to be acknowledged as such, please select one of the boxes above for reporting purposes. Please check this box and list the additional codes which represent your heritage _____.

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Evening Phone (if different) _____

Other changes or information for your records:

Signature: _____ Date: _____