



Office of Human Resources - New Employee Information Form

The information you provide below will be used to update your file and the Faculty/Staff Directory. If any of the information below changes after you have returned this form, please notify the Office of Human Resources. Please PRINT or TYPE the following information, and either submit the form electronically or send it to the Office of Human Resources, 2070 Campus Box.

Last four digits of your Social Security Number (for date entry and payroll purposes)

Mr. Ms. Mrs. Miss Mx Dr.

Legal Name: (last, first, middle)

Preferred Name/Campus Name:

Married? Yes No Name of Spouse/Domestic Partner:

Gender: Male Female Prefer to self describe:

Mailing Address

Street or P.O. Box:

City: State: Zip Code:

Contact Information Include Area Code

Home Phone: Cell Phone:

Position Information

Job Title: Employment Status: Full Time Part Time

Department: Office Location:

Have you been employed by Elon previously? Yes No If yes, when? From to

If you worked at Elon under another name, list name here:

Emergency Contact Information

Name and Relationship Phone Number

Name and Relationship Phone Number

Veteran Status

Not a Veteran Active Wartime or Campaign Badge Veteran Not a Protected Veteran

Protected Veteran Armed Forces Service Medal Veteran Discharge Date:

Are you a Disabled Veteran? Yes No I do not wish to self-identify

Racial/Ethnic Background

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own university communities, to describe the racial/ethnic background of our students and employees. In order to respond to these requests, we ask you to voluntarily answer the following two questions.

Do you consider yourself to be Hispanic/Latino?

Yes No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
Asian
White
Black or African American
Native Hawaiian or Pacific Islander