# Montgomery College

## Employee Personal Data Form

**MC ID#_____ (Current Employees Only)**

**PART 1**

| ☐ NEW EMPLOYEE | ☐REHIRE | ☐ UPDATE DATA | Social Security Number (New Employee or Rehire Only) |
|---|---|---|---|

Employee' s Name ( Last Name, First, MI) (as it appears on your Social Security Card)

| Were you ever a Student/Employee of Montgomery College? ☐ Yes ☐ No | Name under which you were employed or enrolled |
|---|---|

Prefix ☐ Mr. ☐ Mrs. ☐ Ms. ☐Dr. ☐Other _____

Suffix ☐ Jr. ☐ II ☐ III ☐ Sr. ☐ PhD ☐Other _____

**PART 2 EMPLOYEE ADDRESS & PHONE INFORMATION**

| **Street** | **APT/FL/SUITE** | **Home Phone** | **Cell Phone** |
|---|---|---|---|
| | | | |

| **City** | **State** | **Zip Code** | **County** |
|---|---|---|---|
| | | | |

**PART 3 DEMOGRAPHIC INFORMATION**

| **Gender** ☐ **Female** ☐ **Male** | **Marital Status** ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed** | **Birth Date (mm/dd/yyyy)** | **Birth Country** |
|---|---|---|---|
| | | | |

**Ethnicity**
**Hispanic or Latino** ☐ **Yes** ☐ **No**

☐ **American Indian or Alaskan Native**
☐ **African American/Black**
☐ **Asian** ☐ **Native Hawaiian or Other Pacific Islander**
☐ **White**

**Citizenship Status**

☐ **US Citizen Birth ( Native)** ☐ **US Citizen Naturalized**
☐ **Permanent Resident** ☐ **Non-Resident Alien- Visa type:** _____

**Exp. Date:**_____

**Military Status (Check one if appropriate)**

☐ **No Military Service** ☐ **Vietnam Veteran Only**
☐ **Both Vietnam and Other Eligible Veteran**
☐ **Other Protected Veteran**

**Are you a disabled veteran?** ☐ **YES** ☐ **NO**

**Disability *( optional)***

☐ **None** ☐ **Mobility** ☐ **Speech**
☐ **Learning** ☐ **Blind** ☐ **Hearing**

**PART 4 EDUCATION**

☐ No Academic Credentials ☐ High School Diploma ☐ Trade Certification ☐ Some College

☐ Associate Degree Major: _____ Year Confirmed_____ ☐ Bachelor's Degree Major: _____ Year Confirmed_____

☐ Master's Degree Major: _____ Year Confirmed_____ ☐ Doctorate Major: _____ Year Confirmed_____

☐ Professional Certification : Certification: _____ Year Confirmed_____

**PART 5 EMERGENCY CONTACT**

| **Contact Name ( Last, First)** | **Phone Number** | **Relationship to Employee *(Optional)*** |
|---|---|---|
| | | |
| **Contact Name ( Last, First)** | **Phone Number** | **Relationship to Employee *(Optional)*** |
| | | |

**PART 6 CERTIFICATION**

**I certify the information, which I have provided, is complete and accurate to the best of my knowledge.**

**Employee Signature** **Date**

Please Forward to the Office of Human Resources for processing.

Revised 10/07