

Dalton State College**Personal Data Form**

Name:	Hire Date:	Emp. ID:
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Last name	First name	Middle name
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Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mister <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Social Security #:
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Street Address:

City:	County:	State:	Zip:	Phone:
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Personal Data Form 2

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: Marital Date:	Highest Education Level: <hr/> Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of Birth: Month Date Year	Birth Country (if not US citizen):
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Referral Source (How did you find out about this job?)

Applicant Clearinghouse Employee Internet Advertisement Job Posting

Other (Specify)

Citizenship status:

Native U.S. Naturalized U.S. Alien Temp (Alien authorized to work)

Alien Perm (Permanent resident alien)

Ethnic Group:

White American Indian Asian Black Hispanic Multiracial Other

Military Service:

None Active Active Reserve Veteran Retired Vietnam Vet

Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a disabled Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have previous employment with the University System of Georgia? Yes No

If yes, institution: _____ Date last worked: _____

Emergency Contact Information:

Employee Name:	
Contact Name:	Relationship to employee:
Is this person your primary contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check here if contact specified has same address and phone number as employee. <input type="checkbox"/>

If contact has different address and phone number, please specify:

Street

City:	State:	Zip Code
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Home phone number:	Other phone number: (Specify type: business, pager, cellular, etc.)
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Additional Contact

Contact Name:	Relationship to employee:
Is this person your primary contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check here if contact specified has same address and phone number as employee. <input type="checkbox"/>

Other phone number: (Specify type: business, pager, cellular, etc.)

If contact has different address and phone number, please specify:

Street Address

City:	State:	Zip Code
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Home phone number:	Other phone number: (Specify type: business, pager, cellular, etc.)
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If additional contacts attach additional pages