NDUS HRMS HIRING FORM - Employee Data

Prefix: ___ Dr. ___ Miss ___ Mr ___ Mrs ___ Ms

Name _____ _____ _____ _____
First MI Last Suffix

Home Address _____ _____ _____ _____ _____
Street City County State Zip + 4

Home Phone _____ _____ **Gender:** ___ Female ___ Male
Area Code Number

Highest Education Level: ___ No degree ___ HS or equivalent ___ Some college ___ Technical School ___ 2-yr degree
___ BS/BA degree ___ MS/MA degree ___ Doctorate-academic ___ Doctorate-professional ___ Post-doctorate

Marital Status: ___ Never married ___ Married ___ Divorced ___ Legally separated ___ Widowed

Military Status: ___ Active Reserve ___ Inactive Reserve ___ ND veteran ___ ND disabled veteran
___ None ___ Veteran ___ Vietnam era veteran

Proof of eligibility to work in US? ___ Drv Lic ___ SS Card ___ Birth Certificate ___ US Passport
___ Other (Specify): _____

Date of Birth: _____ **Country of Birth:** _____ **State/Prov of Birth:** _____

Family member is a current employee? ___ No ___ Yes If yes, name _____

Previous employee of ND University System? ___ No ___ Yes: _____ _____
Campus Last year worked

Previous employee of ND State Govt? ___ No ___ Yes: _____ _____
Agency Last year worked

Social Security Number: _____

Ethnic Group: ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black
☐ Hispanic ☐ White ☐ Other

Student Employees: If you are a student, how many credits will you be taking this semester/summer session?
_____ Undergraduate? _____ Graduate?

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Emergency Contact Name: _____

Relationship to Employee: _____

Same address as Employee? ___ Yes ___ No

If different: _____ _____ _____ _____ _____
Street City County State Zip +4

Same phone as Employee? ___ Yes ___ No _____
Area code/Number

HR/Payroll: Enter Emergency Contact info at Home > Administer Workforce > Administer Workforce (GBL) > Use > Emergency Contact

Completed by: _____ Phone# _____ Date _____
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