

Millersville University EMPLOYEE INFORMATION FORM

INSTRUCTIONS: Type or print legibly in INK; form must be completed and signed before payroll processing begins.

	()
LAST NAME, FIRST MIDDLE (As it appears on your Social Security Card)	HOME PHONE
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LAST NAME, FIRST M.I. (Preferred name for directory, email and/or website)	CELL PHONE (OPTIONAL)
STREET ADDRESS	
CITY	STATE
	ZIP
COUNTY	

MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
MILITARY STATUS: NA <input type="checkbox"/> Active <input type="checkbox"/> Disabled veteran <input type="checkbox"/> Inactive <input type="checkbox"/> Inactive reserve <input type="checkbox"/> On Call <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Vietnam veteran Discharge Date: _____
VETERAN STATUS: <input type="checkbox"/> NON-VETERAN <input type="checkbox"/> Special disabled veteran <input type="checkbox"/> Vietnam-era veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently separated veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> Disabled veteran

DEMOGRAPHIC INFORMATION:
(Completion of this section is voluntary)

Gender: Male Female

Please check which best describes your ethnicity/race.

Ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino

- Race:
1. American Indian or Alaska
 2. Asian
 3. White/Caucasian
 4. Black or African American
 5. Native Hawaiian or Pacific Islander

I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS ACCURATE AND COMPLETE:

SIGNATURE	DATE