



**College of Southern Idaho
Employee Information Form**

Please PRINT

Full Legal Name _____ Sex (M/F) _____
As Shown on Social Security Card - Social Security Card **MUST** be provided

Nickname/Preferred Name _____ Home Phone _____

Social Security # _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Are you a Current CSI student enrolled in 6 or more credits? Yes _____ NO _____

Highest Degree Earned _____ Major _____

College/University _____ Year Received _____

Additional Degree Earned _____ Major _____

College/ University _____ Year Received _____

*** IN CASE OF EMERGENCY***

Spouse: _____ Work/Day Phone: _____

Cell Phone: _____

Contact: _____ Home Phone: _____

Relationship: _____ Work Phone: _____

Cell Phone: _____

And/Or Notify: _____ Home Phone: _____

Relationship: _____ Work Phone: _____

Cell Phone: _____

The Following data is for statistical analysis with respect to the success of our affirmative action program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Please check all that apply:

_____ American Indian or Alaskan Native	_____ Hispanic	_____ Other (Please Explain)_____
_____ Asian or Pacific Islander	_____ White, Non-Hispanic	_____
_____ Black	_____ Veteran	_____

If you have a disability for which you now require an accommodation, please see your supervisor or contact the Human Resource Office.

Signed _____ Date _____
Employee's Signature