



College of Southern Idaho
Employee Information Form

Please PRINT

Full Legal Name Sex (M/F) Marital Status: M S

As Shown on Social Security Card - Social Security Card MUST Be Provided

Nickname/Preferred Name Date of Birth

Social Security # Telephone

Physical Address City State Zip

Mailing Address City State Zip

All payroll checks issued will be mailed to the mailing address listed above

Email Address Driver's Lic. # State Issued

Are you a PERSI Retiree? Yes No Veteran: Yes No

Are you a current CSI student enrolled in 6 or more credits? Yes No

Highest Degree Earned Major

College/University Date Received

Additional Degree Earned Major

College/University Date Received

Additional Degree Earned Major

College/University Date Received

EMERGENCY CONTACT INFORMATION

Contact Work Phone

Relationship Home/Cell Phone

Contact Work Phone

Relationship Home/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 only one.

Do you consider yourself to be Hispanic/Latino?

Yes No

Select one or more of the following racial categories to describe yourself

- American Indian or Native American
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

Employee's Signature

Date