

**EMPLOYEE PERSONAL DATA
(New Employees Only)**

Instructions: Complete this form to provide personal information to your Human Resources office and to the State of Michigan. Return the completed form to your Human Resources office. **Do not send this form to the address above.** A portion of this information is protected by federal privacy laws and/or state confidentiality requirements. **(NOTE: Please print or type all sections.)**

Name		Employee ID Number	
Home Address		Social Security Number	
City	County	State	Zip Code
Home Phone	Birth Date (MM/DD/YYYY)	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Race (Check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native			
Emergency Contact Name		Emergency Contact Phone	

OFFICE OF HUMAN RESOURCES USE ONLY

Hire Date	Military Credit			
Department	Years +	Months +	Days =	Hours

** This is for statistical purposes only.*