

**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.)**

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

**OFFICE OF HUMAN RESOURCES USE ONLY**

<b>Hire Date</b>	<b>Military Credit</b>			
<b>Department</b>	<b>Years +</b>	<b>Months +</b>	<b>Days =</b>	<b>Hours</b>

\* This is for statistical purposes only.