



Employee Data Record

Date of Hire ____ / ____ / ____

Last Name _____ First Name _____ MI _____ Pre _____

Home Address _____ City _____ St _____ Zip _____

Phone _____ Cell # _____ Other# _____

SS# _____ DOB ____ / ____ / ____ Gender _____

Marital Status Single _____ Married _____ Divorced _____ Widowed _____

Spouse Name _____ SS# _____ DOB ____ / ____ / ____

Dependents

Name _____ Relationship _____ SS# _____ DOB ____ / ____ / ____

Name _____ Relationship _____ SS# _____ DOB ____ / ____ / ____

Name _____ Relationship _____ SS# _____ DOB ____ / ____ / ____

Name _____ Relationship _____ SS# _____ DOB ____ / ____ / ____

Emergency Contact

Person to notify in case of an emergency:

1. Name _____ Relationship _____ Phone# _____

Cell# _____ Other# _____ Email: _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Relationship _____ Phone# _____

Cell# _____ Other# _____ Email: _____

Address _____ City _____ State _____ Zip _____

Self Identification

Canisius College is an equal opportunity employer committed to the policies and principles of affirmative action. To respond to federal and state affirmative action reporting requirements, it is important that the following information be gathered from all employees. Providing this information is optional. Failure to submit data will not in any way affect your present or future employment. The information provided will remain confidential and be used primarily for government reporting purposes.

Race/Ethnic Self Identification – Please mark all that apply

Are you Hispanic or Latino- Yes No

Select One or More of the Following Races:

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

Indicate Y for Yes or N for No to complete the following:

_____Disabled/Handicapped _____Veteran _____Vietnam Veteran _____Disabled Veteran

*A Vietnam Era Veteran is an individual who served more than 180 days in the armed forces of the United States between August 5, 1964 and May 7, 1975.

Signature: _____ Date: _____

FOR HUMAN RESOURCES USE ONLY

Banner ID # _____ Position Hired For _____

Department _____ Supervisor _____

Hours per Week _____ Weeks per Year _____ Wage _____

INDEX _____ ORGN _____ ACCT _____ PAY ID _____ ECLS _____

NBAPOSN # _____