

APPENDIX 3.2.1: EMPLOYEE INFORMATION FORM

To all New Hires and Re-Hires: Please complete the following by printing the information and notify Human Resources immediately of any future changes to your personal or emergency contact information.

Legal Name: _____ Preferred Name: _____
 First Middle Last

____ Married ____ Single ____ Female ____ Male Date of Birth ____/____/____ SS# ____-____-____

Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____ and _____@fontbonne.edu

Any disabilities that may require accommodation? Yes ____ No ____ If Yes, explain:

If there is anything about your physical condition we should know, such as medication you cannot take or possible reason for sudden illness, please state below:

Fontbonne is an Equal Opportunity Employer and the following information is used for statistical purposes only to comply with federal and state laws regarding equal employment opportunity employment. You are NOT required to provide this information regarding EEO Ethnicity/Race Classification.

- ____ Asian ____ Black/African American ____ Hispanic/Latino ____ White
- ____ Two or more races – non Hispanic/Latino ____ Native Hawaiian/Other Pacific Islander
- ____ American Indian or Alaskan Native ____ Other ____ Prefer not to provide this information

Providing the following information is voluntary (check if applicable):

____ I am a “disabled Veteran” ____ I am a “recently separated Veteran” _____ Date of Discharge
____ I am an “Other protected Veteran” ____ I am not a Veteran ____ Prefer not to provide this information

In compliance with Fontbonne University’s Emergency Policies, please complete the following:

Emergency Contact: 1. _____

Relationship Name Preferred Phone Number

2. _____

Relationship Name Preferred Phone Number

Employment Information:

Start Date ____/____/____ Full time ____ Part time ____ Title or Position _____

Exempt ____ Non-Exempt ____ Department _____ Supervisor _____

Previously Employed at Fontbonne? ____ Yes ____ No If yes, When? _____ Position _____

Employee Signature _____ Date _____
