

SKIDMORE

C O L L E G E

NEW EMPLOYEE INFORMATION

(Last Name) (First Name) (M.I.) (Nickname) Dr
 Miss
 Ms
 Mrs
 Mr
 Other

(Phone Listing) Home Cell

(Address) (City) (State) (Zip)

(Social Security Number) (Birthdate) Female Married
 Male Single

(Ethnicity): Are you Hispanic or Latino? Yes No (Race): Choose one or more:
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian/Other Pacific Islander
 White

Are you a Veteran? Yes No Not Disclosed

(Name of Spouse)

(Emergency Contact) (Phone)

Colleges Attended:

Degree _____

Degree _____

Degree _____

Building Location: Office Number: Office Phone:

On-Line Faculty Staff Directory

DO YOU WISH TO HAVE YOUR HOME ADDRESS LISTED? YES NO
DO YOU WISH TO HAVE YOUR HOME/CELL PHONE NUMBER LISTED? YES NO