

**Western Connecticut State University**  
**University Assistant New Hire Data Sheet**

<b>Name:</b>		<b>Social Security #:</b>	_ _ _ - _ _ - _ _ _
<b>Prefix:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	<b>Suffix:</b> <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Ph.D. : <input type="checkbox"/> Other:		
<b>Date of Birth:</b>	_ / _ / _ Month Day Year	<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	
Have you ever worked for the State of Connecticut before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, where?	
Are you interested in having your paycheck on direct deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please request a Direct Deposit Form from Human Resources.	
<b>Ethnicity:</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Not Applicable		
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Marital Status:</b>	<input type="checkbox"/> Common-Law <input type="checkbox"/> Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
<b>Mailing Address:</b>			
	City:	State:	Zip Code:
<b>Mailing Phone #:</b>	(      )		
<i>* In compliance with federal and state regulations, Western Connecticut State University is required to collect and maintain data on the race, sex, and ethnicity identity of all employees. Your responses are strictly voluntary and will help in implementing Western's Affirmative Action program.</i>			
Have you ever been convicted for violation of any law other than minor traffic regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please explain:			
Please sign below acknowledging receipt of the above items and that all of the information given above is correct to the best of your knowledge.			

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**