

Western Connecticut State University
Adjunct Faculty Member
New Hire Data Sheet

_____ / _____ / _____ Last Name First Name M.I.	Social Security #:	- - - - -
Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Other:		
Date of Birth:	_____ / _____ / _____ 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.
Ethnicity*:	<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	
<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>		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Union	
Mailing Address:		
	City:	State:
		Zip Code:
Mailing Phone #: ()		
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