

**Western Connecticut State University
New Employee Data Sheet**

Interagency Transfer: Yes* No
*Use what is on file in Core

Hire Date: _____	State Employee ID#: _____	Record #: _____
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Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Other:
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_____/_____/_____	_____/_____/_____	_____/_____
Last Name	First Name	M.I.

Social Security #: _____ - _____ - _____

Date of Birth:	____/____/____ Month Day Year	
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Do you have any disabilities that we should know about to accommodate you for this job?
 Disabled* Not Disabled
*(Medical Certificate Required)

Do you have any Veteran Status or Disabled Veteran Status? Yes No

If yes, please provide military branch and service dates: _____
(Copy of DD214 form will be required for Longevity & Retirement credit)

Have you ever worked for the State of CT before as a State employee? Yes No
If yes, please provide agency name(s) and employment dates:

Ethnicity:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Island <input type="checkbox"/> Not Specified <input type="checkbox"/> Two or More Races <input type="checkbox"/> White
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Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed
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Home Address:	Street: _____
	City: _____ State: _____ Zip Code: _____

Preferred Phone #: () _____

Emergency Contact Name:	Relationship:
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Address: _____

Phone Number(s): _____