

State of Michigan
Legislative Council
Michigan State Capitol Commission

EMPLOYEE PERSONAL DATA

Instructions: Complete this form to provide personal information to your Human Resources office and to the State of Michigan. Return the completed form to your Human Resources office. A portion of this information is protected by federal privacy laws and/or state confidentiality requirements.

Please print or type all sections.

Full Name		Agency		
Preferred Name		<input type="checkbox"/> Legislative Council Agency <input type="checkbox"/> Michigan State Capitol Commission		
Home Street Address		Social Security Number		
City	State	ZIP	County	
Home Phone	Birth Date MM / DD / YYYY	*Gender		
Mobile Phone		<input type="checkbox"/> Male <input type="checkbox"/> Female		
*Race (Check one)		<small>*For statistical purposes only.</small>		
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Two or More Races				
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried				
Emergency Contact Name and Relationship		Emergency Contact Phone		

OFFICE OF HUMAN RESOURCES USE ONLY

Hire Date	Employee ID Number			
Military Credit <input type="checkbox"/> Yes <input type="checkbox"/> No	Years +	Months +	Days =	Hours
Service Credit from another agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Years +	Months +	Days =	Hours