

**EMPLOYEE PERSONAL DATA
(New Employees Only)**

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. **Do not send this form to the address above.** A portion of this information is protected by federal privacy laws and/or state confidentiality requirements.

NOTE: Please print or type all sections.

Full Name		Employee ID Number	
Preferred Name			
Home Street Address		Social Security Number	
City	State	ZIP	County
Home Phone	Birth Date (MM/DD/YYYY)	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile Phone			
*Race (Check one) <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			
Emergency Contact Name		Emergency Contact Phone	

OFFICE OF HUMAN RESOURCES USE ONLY

Hire Date	Military Credit			
Department	Years +	Months +	Days =	Hours

* This is for statistical purposes only.