

Millersville University EMPLOYEE INFORMATION FORM

INSTRUCTIONS: Type or print legibly in INK; form must be completed and signed before payroll processing begins.

	()
LAST NAME, FIRST MIDDLE (As it appears on your Social Security Card)	HOME PHONE
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LAST NAME , FIRST M.I. (Preferred name for directory, email and/or website)	CELL PHONE (OPTIONAL)
STREET ADDRESS	
CITY	STATE ZIP COUNTY

MARITAL STATUS: ___ Single ___ Married ___ Widowed ___ Divorced ___ Separated

MILITARY STATUS: NA

___ Active ___ Disabled veteran ___ Inactive ___ Inactive reserve ___ On Call

___ Reserve ___ Retired ___ Vietnam veteran Discharge Date: _____

VETERAN STATUS: ___ NON-VETERAN

___ Special disabled veteran ___ Vietnam-era veteran ___ Other Protected Veteran

___ Recently separated veteran ___ Armed Forces Service Medal Veteran ___ Disabled veteran

DEMOGRAPHIC INFORMATION:
(Completion of this section is voluntary)

Gender: Male ___ Female ___

Please check which best describes your ethnicity/race.

Ethnicity:

___ Hispanic or Latino

___ Not Hispanic or Latino

Race:

I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS ACCURATE AND COMPLETE:

SIGNATURE	DATE
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