



PERSONAL DATA FORM

This form is MANDATORY for Payroll Processing
PLEASE PRINT OR TYPE CLEARLY

LAST NAME: _____ FIRST NAME: _____ MI: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED
SMOKER? YES NO

HOME ADDRESS:

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (IF DIFFERENT):

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ and EMAIL ADDRESS: _____

GENDER: FEMALE MALE CURRENTLY FULL-TIME STUDENT at NSCC? YES NO

HIGHEST EDUCATION LEVEL: Less than H.S. H.S. Graduate Technical School Some College
 2-Yr College Bachelors Some Graduate Masters
 Doctorate MD, DDS, JD Post Doctorate

BIRTHDATE: _____ SOCIAL SECURITY NO. : _____

RACE/ETHNIC GROUP: Hispanic or Latino
 White (Not Hispanic or Latino)
 Black or African American (Not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 Asian (Not Hispanic or Latino)
 American Indian or Alaska Native (Not Hispanic or Latino)
 Two or More Races (Not Hispanic or Latino)

MILITARY STATUS: No Military Service Active Reserve Inactive Reserve Retired Military
 Vietnam Era Veteran Vietnam Veteran Other Eligible US Veteran

Emergency Contact Information:

CONTACT NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

DAYTIME PHONE: _____

Other Information (Please Complete):

HAVE YOU EVER HELD ANOTHER FULL-TIME POSITION FOR NSCC OR THE COMMONWEALTH? YES NO

IF YES, WHERE? _____ DATES EMPLOYED: _____

UNDER WHAT NAME: _____

SIGNATURE: _____ DATE: _____