

Boise State University – Human Resource Services

Employee Information Form

Legal Name: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_
(AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)

Preferred Name: (Must use First & Last Name) \_\_\_\_\_
(Note: Your preferred name will be your LOGIN ID to the Boise State computer system and E-mail.)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

BSU Dept: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employee Type: Student Employee \_\_\_\_\_ Non-Student Employee \_\_\_\_\_

STUDENTS: PLEASE LIST PERMANENT ADDRESS IF DIFFERENT THAN ABOVE:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

\* CURRENT AND FORMER IDAHO STATE SERVICE \*

Are you currently, or have you ever, worked for an Idaho State Agency in a benefit eligible position?
Yes\* \_\_\_ No \_\_\_ \*If Yes, please complete a "Current and Former State Service" Form.

\* IN CASE OF EMERGENCY \*

Please Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

\* AFFIRMATIVE ACTION INFORMATION \*

This information is required for Reporting Purposes

MILITARY SERVICE: Yes\* \_\_\_ No \_\_\_ CITIZENSHIP STATUS: US Citizen \_\_\_
(\*If yes, you must complete Veterans Status Form) Resident Alien \_\_\_
Non-Resident Alien \_\_\_

DISABLED: Yes \_\_\_ No \_\_\_ HIGHEST EDUCATION LEVEL: Less than HS Graduate \_\_\_
IF YES: Is it service related? HS Grad or Equivalent \_\_\_
Yes \_\_\_ No \_\_\_ Some College \_\_\_
Technical School \_\_\_

PLEASE CHECK YOUR RACIAL/ETHNIC GROUP:
\_\_\_ American Indian/Alaskan Native
\_\_\_ Asian
\_\_\_ Black/African American
\_\_\_ Hispanic/Latino (of Mexican, Puerto Rican, Cuban, Central or South
American or other Spanish Culture or Origin)
\_\_\_ Native Hawaiian/Other Pacific Islander
\_\_\_ White

I CERTIFY THAT I HAVE PROVIDED MY LEGAL NAME ON THIS FORM:

Signature \_\_\_\_\_ Date \_\_\_\_\_