



**Office of Human Resources
Employee Personal Information Form**

Employee Name: _____ Social Security #: _____
Print Name Exactly as on Social Security Card

Telephone Number: _____ Cell #: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Gender: Male Female
Status: Single Divorced
 Married Widowed
 Civil Union/Domestic Partnership

Ethnicity: Are you Hispanic or Latino? Yes No

Race: Regardless of how you responded above, please choose one or more races from the list below.
 American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Are You a Citizen? Yes No

Are You a Veteran? Yes No

Highest Degree Earned: _____ Institution: _____ Year: _____

Do you have prior service with a State of New Jersey Agency? Yes No
If you answered yes, please provide the following information.

Job Title: _____ Agency: _____

Start Date: _____ End Date: _____

Emergency Contact Information:

Name of Emergency Contact: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Telephone - 1 #: _____ Alt. #: _____

Employee Signature: _____ Date: _____