

PERSONAL DATA SHEET

UPDATE

Personal Data

Name: _____

Title: Ms. Mrs. Miss Mr. Dr.

Home Address: _____

Date of Birth: _____

City/State/Zip: _____

Home Phone #: _____

Cell Phone #: _____

Social Security Number: _____

Home e-mail: _____

Race and Ethnicity – Please indicate one or more that apply to Race AND yes or no to Ethnicity.

Race:

- Caucasian/White
- Black/African American
- Hispanic Other
- Cuban
- Mexican
- Puerto Rican
- Asian /Pacific Islander
- American Indian or Alaskan Native
- Other

Ethnicity: Are you Hispanic/Latino? Yes No

Military Status:

Veteran Disabled Veteran N/A

If veteran, please provide:

Dates of Service: _____

Military Branch: _____

Citizenship:

- A citizen of the U.S.
- Non-citizen national of the U.S.
- Lawful Permanent Resident
- An alien authorized to work

Visa Type:

Expiration Date:

Employment Information:

1) Are you related to or reside with a current Florida SouthWestern State College employee? Yes No

If yes, give name and relationship to employee: _____

2) Have you previously worked for any other Florida Community College? Yes No

If yes, name of college and dates of employment: _____

3) Do you have previous Florida Retirement Service (FRS) service? Yes No

If yes, provide name of agency, school district or higher education institution: _____

Are you, your spouse, and/or children, covered by Florida Statute 119.071 which prohibits the publishing of home addresses, telephone numbers, photographs and places of employment for personnel in law enforcement, firefighting, HRS, judiciary, code enforcement, or other statutorily protected classification? Yes No

If YES, you must complete an additional form specifying the protected classification.

****Please turn the page and complete the remainder of the form including emergency contact information.****

Electronic W-2's

I agree to receive my W-2 electronically instead of the paper format: *Yes* *No*

Emergency Date: In case of emergency, please notify:

Primary emergency contact:

Name: _____

Relationship to you: _____

Address: _____

Home #: _____

Work #: _____

Cell #: _____

Alternate contact:

Name: _____

Relationship to you: _____

Address: _____

Home #: _____

Work #: _____

Cell #: _____

Employee Signature

Date

Additional General Information:

Transcripts:

Do we have your official transcripts? If the position, for which you have been hired, requires a post-secondary degree, the College must have your official transcripts. In order for Florida SouthWestern State College to maintain its accreditation through the Southern Association of Colleges and Schools (SACS), the College is required to have these official transcripts on file; most importantly to establish faculty qualifications. **If you have not already done so, please have transcripts sent directly from the colleges attended to Florida SouthWestern State College.**