Western Connecticut State University University Assistant New Hire Data Sheet

		/	Social Security #:		
Last Name	/ First N	ame	/	Social Security #.	
Prefix:				Suffix:	
\Box Dr. \Box Mr. \Box Miss \Box Ms. \Box Mrs.				\Box Jr. \Box Sr. \Box Other:	
Date of Birth: / /			□ Disabled □ Not Disabled		
	Month Day Year				Not Disabled
Have you ever worked for the State of Connecticut before? If so, where? □ Yes □ No					
Are you interested in having your paycheck on direct deposit? \Box Yes \Box No				If Yes, please request a Direct Deposit Form from Human Resources.	
Ethnicity*:	□ American Indian/Alaskan Native □ Asian/Pacific Islander □ Black □ Hispanic □ White □ Not Applicable				
* In compliance with federal and state regulations, Western Connecticut State University is required to collect and maintain data on the race, sex, and ethnicity identity of all employees. Your responses are strictly voluntary and will help in implementing Western's Affirmative Action program.					
Gender:	☐ Male □ Female				
Marital Status:	□ Married □ Separated □ Divorced □ Single □ Widowed □ Civil Union				
	I				
Mailing Address:					
	City: State:		Zip Code:		
Mailing Phone #: ()					
Please sign below acknowledging receipt of the above items and that all of the information given above is					
correct to the best of your knowledge.					

Employee's Signature

Date