



# PERSONAL DATA FORM

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

EFFECTIVE DATE (DOH): \_\_\_\_\_

## Personal Data:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  WIDOWED  
SMOKER?  YES  NO

## Address:

### HOME ADDRESS:

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ and EMAIL ADDRESS: \_\_\_\_\_

### MAILING ADDRESS (IF DIFFERENT):

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Personal Profile:

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

## Eligibility/Identity:

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO. : \_\_\_\_\_

ETHNIC GROUP:  American Indian/Alaskan Native  Asian/Pacific Islander  
 Black  Hispanic  White

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: \_\_\_\_\_