

VALENCIA COMMUNITY COLLEGE EMPLOYEE INFORMATION SHEET

NAME: _____
Last, First M.I. Preferred First Name (i.e., Bill, Liz, Pat, etc.)

ADDRESS: _____
Street City State Zip Code

COUNTY: _____ SOCIAL SECURITY #: _____

HOME TELEPHONE #: _____ Listed _____ Unlisted _____

MARITAL STATUS: _____ Married _____ Unmarried

HIGHEST EDUCATIONAL LEVEL:

_____ Doctorate _____ Masters _____ Associate _____ No Diploma/Degree
_____ Masters +30 _____ Bachelors _____ High School/GED

RACE: (optional)

_____ White _____ American Indian _____ Hispanic or Alaskan Native
_____ Black _____ Asian or Pacific Islander _____ Other

Sex: (optional) _____ Male _____ Female

DATE OF BIRTH: _____

CITIZENSHIP STATUS: _____
(i.e., US citizen, Permanent Resident, Non-Resident Alien)

SPOUSE'S NAME: (if applicable) _____

NOTIFY IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____
(i.e., spouse, parent, neighbor, friend)

ADDRESS: _____

TELEPHONE#: HOME: _____ BUSINESS: _____

NAME OF PHYSICIAN: _____ TELEPHONE #: _____