Youngstown STATE UNIVERSITY

One University Plaza, Youngstown, Ohio 44555 Office of Human Resources www.ysu.edu

EMPLOYEE PERSONAL DATA FORM

This form is to be utilized for individuals who have been extended an offer of employment or newly hired employees only.

Last Nam	e:		First Name: _	_ First Name:			Middle Initial:	
Prefix:	Mr.	Mrs.	Ms.	Dr.	Other:			
Suffix:	Jr.	Ш	Ш	Sr.	PhD	Other: _		
Social Security Number:				Birth Date (mm/dd/yyyy):				
Employee	e Address &	Phone Informati	on					
Street Ad	dress:							
City:				State:		Zip Code	Zip Code:	
County of	f Residence:							
Primary Phone Number:				Secondary Phone Number:				
Email Ado	dress:							
	phic Inform							
Gender:	Male	Female	Marital Status:	Single	Married	Divorced	Widowed	
US	S Citizen Birt	h (Native)	US Cit	US Citizen Naturalized			Permanent Resident	
No	on-Resident	Alien Visa Type	2:	Expiration				
Employee	e Certificatio	on						
I certify tl	hat the infor	mation, which I h	ave provided, is co	mplete and a	accurate to the	e best of my kr	nowledge.	
Employee Signature:				Date:				
HR Use O	•							
Entered into Banner: Initials: Date:				YSU Banner Number:				
		,	liscriminate on the basis of rac		•			

nder identity and/or expression, disability, age, religion or veteran/military status in its programs or activities. Please v www.ysu.edu/ada-accessibility for contact information for persons designated to handle questions about this policy.