

<u>Department</u>
O - _____

INDIVIDUAL DATA SHEET

Hourly <input type="checkbox"/>	Monthly <input type="checkbox"/>	MaineStreet ID#	
Personal Data			
Prefix	First Name	Middle I	Last Name
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date (mm/dd/yyyy)
Campus Address			Campus Phone #

Addresses/Phones	
Home Address Line 1	Mailing Information (if different then home address)
Line 2	Line 2
City, State, Zip Code	City, State, Zip Code
Home Phone #	Cell Phone #

Emergency Contact			
Prefix	First Name	Middle I	Last Name
Phone Number:		Phone Type: Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/>	Relationship to Employee
If address is the same as employee's check here <input type="checkbox"/>	Address Line 1		
	Address Line 2		
	City, State, Zip Code		

Education			
Degree	Institution	Institution Location	Year

Professional License (if required by position)				
License Type	License Number	Date of Issue	Date of Expiration	State/Country

****I certify that all of the information provided on this form is accurate and complete to the best of my knowledge****

 Employee Signature

 Date