



Office of Human Resources
Employee Personal Information Form

Employee Name: _____ Social Security #: _____
Print Name Exactly as on Social Security Card

Telephone Number: _____ Cell #: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Gender: [] Male [] Female Status: [] Single [] Married [] Divorced [] Widowed [] Civil Union/Domestic Partnership

Ethnicity: Are you Hispanic or Latino? [] Yes [] No

Race: Regardless of how you responded above, please choose one or more races from the list below.
[] American Indian or Alaskan Native [] Asian [] Black or African American
[] Native Hawaiian or Other Pacific Islander [] White

Are You a Citizen? [] Yes [] No Are You a Veteran? [] Yes [] No

Highest Degree Earned: _____ Institution: _____ Year: _____

Do you have prior service with a State of New Jersey Agency? Yes No
If you answered yes, please provide the following information.

Job Title: _____ Agency: _____

Start Date: _____ End Date: _____

Emergency Contact Information:

Name of Emergency Contact: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Telephone - 1 #: _____ Alt. #: _____

Employee Signature: _____ Date: _____