



Employee Information Form

Employee Name (Last, First, Middle) _____ Employee # _____

Street Address (City, State, Zip) _____

Mailing Address _____

Home Phone # _____ Business Phone # _____ Cell Phone # _____

Social Security # _____

In case of emergency, contact _____ Phone # _____

Mitchell recently implemented an emergency notification text messaging system. The system will be used to send out notifications in case of emergency and weather-related closings or delays. This notification is for the College to notify YOU.

Please register your contact information on mitchellcc.edu.

Do you have previous state service? Yes No **Have you retired from NC state service?** Yes* No

*If so, what are your hire _____ and retirement _____ dates?

New Employee

Date of Birth _____ Male Female Physically Handicapped? Yes No

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

- Non-resident Alien Asian White
- Hispanic/Latino Black or African-American
- American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Education (check one)

- Less than high school High school or equivalent One year of college
- Vocational diploma Two years of college Three-four years of college
- Associate's degree Bachelor's degree Master's degree
- Doctoral degree Educational specialist

Are you a U.S. citizen or a permanent resident alien? Yes No OR non-resident alien? Yes No

TO BE COMPLETED BY DEPARTMENT

Effective Date _____ Contract Length _____

New employee Return to active status Other (be specific)

Job Title _____

Status (check one) FTF FTS PTS PTF FTT RTA

Budget Code _____ \$ _____ /hour

P/T Student F/T Student Non-student *FAEL status: STUD (full- or part-time student employee, not FWS)*

TO BE COMPLETED BY HUMAN RESOURCES

Dept. _____ EEOC Code _____ Location _____

Area of Instruction _____

Position _____ Leave Plans _____

Pay cycle FT PT Contract Length _____

Code Hourly Salary

Account# _____ Account # _____

Classification _____ Account # _____

Tax Status and Exemptions W4 _____ NC4 _____

Deductions Retirement _____ Hospitalization _____ Dental _____ Other _____

SVM _____ DRUS _____