



The Office of Human Resources

Employee Information/Emergency Contact Form

Name: Employee ID: Date:

Street Address: County:

City: State: Zip Code:

Home Phone: Cell Phone: Home E-mail:

Department: Supervisor:

Campus Building: Room Number: Campus Phone:

EMERGENCY CONTACTS

Name: Relationship:

Street Address: City: State/Zip:

Home Phone: Cell Phone: Business Phone:

Name: Relationship:

Street Address: City: State/Zip:

Home Phone: Cell Phone: Business Phone:

If you would like to participate in The College of New Jersey's Emergency Text Communication System, please provide your cell phone number:

Cell Phone Number:

STATISTICAL INFORMATION

The College of New Jersey is an Equal Opportunity and Affirmative Action Employer. The following information will be used for statistical purposes only, and will not be used to discriminate in any way.

Gender: Male Female Other **Are you a US Citizen?** Yes No **Veteran Status?** Yes No

Date of Birth: Marital Status:

Will you require any accommodations for a disability? Please Specify:

ETHNIC GROUP

What is your race? Select one or more

- Are you Hispanic or Latino?
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic/Latino
 - White
 - Native Hawaiian or Pacific Islander

HIGHEST LEVEL OF EDUCATION COMPLETED

- Less than High School Graduate
- High School Graduate or Equivalent
- Some College
- Technical School
- Two year College degree
- Bachelor's degree
- Some Graduate School
- Master's degree
- Doctorate Academic Professional
- Post Doctorate