## **ECSU Employee Personal Data**

Date of Hire:				_					
Preferred Prefix: ( ) D	r. ( ) N	liss (	) Mr.	( ) Mı	rs. (	) Ms. (	) Non	e	
First Name:					<del> </del>				
Middle Name:									
Last Name:									
Former Name, if applica	able								
Suffix: ( ) Jr. ( ) S	6r. ( )	I ( )	II (	) III (	) IV				
Home Mailing Address:									
City:			State	e:	Zip	:			
County:									
Cell Phone #: ( )				Home #	(	)			_
Work Address				_ Dept					
Work Phone #:									
Driver's License #:					Sta	ate:			
Valid Dates:				·	Type: _				
Education									
Highest Educational Le	vel:								_
Certificates and Diplom	as								
( ) High school	ol (	( ) As	sociate	s (	) 2 `	Year Cert	tificate		
Bachelor's Degree:	ВА		BS		Other	(Specify)			-
Master's Degree:	MA MBA		MS MPA		M.ED. MSW		MFA Other _		MLS —
Doctoral Degree:	ı	PhD		EdD		Other _	· · · · · · · · · · · · · · · · · · ·		
Professional Degree/Ce	ertificate:		MD	JD	CPA	6 <sup>th</sup> Yr.		Other	
Institution where highes	st degree	was ear	ned:						

Gender: ( ) Female ( ) Male		
Marital Status: ( ) Married ( ) Sep ( ) Single ( ) Wi		
Are you a veteran? Y N	_	
If yes, disabled? Y N		
Reservist? Y N		
List Dates of Military Service (if applicable	e): From	to
Date of Birth:		
Birth Country:	Birth State:	
Ethnicity: ( ) Hispanic ( ) American ( ) Asian/Pacific Islander		
Citizenship: ( ) Non-citizen ( ) U	J.S. Citizen	
Primary Language:		
Do you have a disability? Y –Type		N
Do you require any accommodation?	<del></del>	
Emergency Contact		
Last Name:	_ First Name:	
Mailing Address:		
City:	State:	Zip:
Relationship to employee:	Phone #: (	)
Have you ever worked for the State of Co	onnecticut? Y	_ N
<ul> <li>If claiming prior state service, document proper paperwork.</li> </ul>	ation to verify inform	ation will be required. Ask for
Are you an ECSU Graduate? Y	N	
FOR TEA For promotional eligibility, please indicate the following ranks:	ACHING FACULTY C the institutions and	
•	Institution(s)	
Assistant ProfessorAssociate ProfessorProfessor		

Revised: 04/2020