

The College of St. Scholastica

NEW HIRE INFORMATION SHEET

**Please print.*

Name: _____
Last First M.I.

Nickname: _____ **SSN:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Date of Birth:** _____

Gender: _____ **Marital Status:** _____

Emergency Contact: _____

Emergency Contact Phone: _____ **Relationship:** _____

Race/Ethnic Group (please check only one):

Multi-racial White/Caucasian Black/African American

Hispanic Asian

American Indian/Alaskan Native Native Island or Pacific Islander

Ethnic Category (please check only one):

Hispanic/Latino Non-hispanic/Latino

Signature: _____ **Date:** _____