

HOUSATONIC COMMUNITY COLLEGE
Personnel Record

NAME _____ EMPLOYEE NO. _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ SOCIAL SECURITY NUMBER _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

U.S. CITIZEN: YES NO SEX: Male Female

DISABILITY: YES NO *If yes, please notify HR Director*

RACE/ETHNICITY:

- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino)** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above 5 races.
- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

MILITARY SERVICE: YES NO

If yes, dates of service: _____

Please submit a copy of your DD214 for longevity and retirement credit

ARE YOU CURRENTLY A STATE EMPLOYEE* IN ANOTHER AGENCY? YES NO

If yes, what agency? _____

Dates _____

WERE YOU EVER EMPLOYED* BY THE STATE OF CT? YES NO

If yes, what agency? _____

Dates _____

**Including student work, educational assistant, etc.*

IN CASE OF EMERGENCY, CONTACT: _____

PHONE: _____

RELATIONSHIP: _____

MEDICAL ALERT INFORMATION: _____

To Be Completed by HR/Payroll

Background Check:
Ordered _____
Successfully Completed _____

Start Date _____
Position Title _____
PCN # _____