|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Data Form**    CPU001_primary_logo_black | | | | | | | | | | |
| **NEW EMPLOYEE** - Complete All Fields | | | | **CURRENT EMPLOYEES** - Complete As Needed | | | | | | |
| **Employee Name** (*Last, First, Middle*)**:** | | | | **Preferred Name:** | | | | | | **Employee ID Number:** |
| **EMPLOYEE Address INFORMATION** | | | | | | | | | | |
| **Home Address:** | | | | **City, State and Zip Code:** | | | | | | |
| **Mailing Address:** (*If different from home address*) | | | | **City, State and Zip Code:** | | | | | | |
| **PHONE** – Please fill in all phone types that apply and select one Preferred type | | | | | | | | | | |
| **Home Phone:** |  | | | | | |  | | | |
| **Cell Phone:** |  | | | | | |  | | | |
| **Other** (*Specify*)**:** | | | | | | | | | | |
| **HIGHEST LEVEL OF EDUCATION INFORMATION** (*Optional for Faculty*)Current Employees: Please attach support documentation, i.e. transcript or diploma. | | | | | | | | | | |
| **High School Education or GED** | | **Some College** | | | | | | | **Associate Degree**  **Type:** | |
| **Bachelor Degree**  **Type:** | | **Master Degree**  **Type:** | | | | | | | **Doctorate Degree**  **Type:** | |
| **Name of College:** | | **Major:** | | | | | | | **State** (*U.S.A.*)**:** | |
| **Other Country:** | | | | | **Date Degree Conferred:** | | | | | |
| **EMERGENCY CONTACT INFORMATION** | | | | | | | | | | |
| ***Note:*** If you wish to re-designate the person who shall be entitled to receive all state warrants payable to you upon your death, please complete the “Designation of Person Authorized to Receive Warrants” (GC 12479). The form is available on the Human Resources website at <http://www.afd.calpoly.edu/hr/forms.asp> | | | | | | | | | | |
| **Primary Emergency Contact:** | | | | | | | | **Relationship:** | | |
| **Home phone:** | | | **Cell phone:** | | | | | **Other Phone** (*Specify*)**:** | | |
| **Street Address:** | | | | | | | | **City, State and Zip Code:** | | |
| 2nd Emergency Contact: (*Optional)* | | | | | | | | Relationship: | | |
| Home phone: | | | Cell phone: | | | | | Other Phone (*Specify*): | | |
| Street Address: | | | | | | | | City, State and Zip Code: | | |
| **EMPLOYEE** | | | | | | | | | | |
| Signature: | | | | | | Date Signed: | | | | |
|  | | | | | | | | | | |
| **INTERNAL USE ONLY** | | | | | | | | | | |
| Authorized Official’s Signature: | | | | | | Title: | | | | |