

MILES COLLEGE

PERSONNEL RECORD

DATE: _____

NAME: _____
 Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ E-MAIL: _____

SOC. SECURITY # _____ U.S. CITIZEN: _____ SEX: _____

EMPLOYMENT:

___ New Hire ___ Rehired (date last worked) _____ ___ Regular
___ Full-time Temporary ___ Temporary ___ Part-time ___ Faculty (Adjunct)
___ Other _____

JOB TITLE: _____

DEPARTMENT: _____

SUPERVISOR: _____

HIRE DATE: _____ START DATE: _____

MARITAL STATUS _____ # OF DEPENDENTS: _____

EDUCATION: ___ B.S./B.A. ___ M.S./M.A. ___ Doctorate Other _____

**PERSON TO CONTACT IN
CASE OF EMERGENCY:** _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ ALTERNATE #: _____