



PERSONAL DATA FORM

This form is MANDATORY for Payroll Processing
PLEASE PRINT OR TYPE CLEARLY

LAST NAME: _____ FIRST NAME: _____ MI: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED
SMOKER? YES NO

HOME ADDRESS:
ADDRESS 1: _____
ADDRESS 2: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE #: _____ and EMAIL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT):
ADDRESS 1: _____
ADDRESS 2: _____
CITY: _____ STATE: _____ ZIP: _____

GENDER: FEMALE MALE Current student at NSCC? (at least 6 credits per semester) YES NO

HIGHEST EDUCATION LEVEL:
 Less than H.S. H.S. Graduate Technical School Some College
 2-Yr College Bachelors Some Graduate Masters
 Doctorate MD, DDS, JD Post Doctorate

BIRTHDATE: _____ SOCIAL SECURITY NO. : _____

ETHNICITY: Hispanic or Latino
 Not Hispanic or Latino

RACE: (Check all that apply) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White Two or More Races, specify _____

MILITARY STATUS: No Military Service Active Reserve Inactive Reserve Retired Military
 Vietnam Era Veteran Vietnam Veteran Other Eligible US Veteran

Emergency Contact Information:

CONTACT NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
DAYTIME PHONE: _____

Other Information (Please Complete):

HAVE YOU EVER HELD ANOTHER FULL-TIME POSITION FOR NSCC OR THE COMMONWEALTH? YES NO
IF YES, WHERE? _____ DATES EMPLOYED: _____
UNDER WHAT NAME: _____

SIGNATURE: _____ DATE: _____