



COAHOMA COMMUNITY COLLEGE

PERSONAL DATA FORM

NEW/CURRENT EMPLOYEES

NAME _____ SS# _____ HIRE DATE _____

CURRENT ADDRESS _____ BIRTH DATE _____

_____ TELEPHONE _____

DEPARTMENT _____ POSITION _____

FULL-TIME

PART-TIME

TEMPORARY

REHIRE

MARTIAL STATUS:

MARRIED

SINGLE

FEMALE

MALE

RACE/ETHNICITY: Nonresident aliens Hispanic/Latino American Indian or Alaska Native Asian

Black or African American Native Hawaiian or Other Pacific Islander White

Two or more races Race and ethnicity unknown

EDUCATION

SCHOOL AND LOCATION	YEARS COMPLETED	DIPLOMA/DEGREE/YEAR

WORK EXPERIENCE

EMPLOYER	NAME/ADDRESS	DATE EMPLOYED FROM / TO	REASON FOR LEAVING

IN CASE OF EMERGENCY, NOTIFY

NAME	ADDRESS	TELEPHONE

SIGNATURE _____

DATE _____

PIN NUMBER _____

GROUP CODE _____

SUBGROUP CODE _____