



Employee Information

Campus: Statesboro ____ Savannah ____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State County ZIP Code

Primary Phone: _____ Alternate Phone: _____

School Email: _____ Personal Email: _____

Eagle ID Number: _____ Last 4 of SS#: _____ Highest Degree: Choose an item. Salutation: Choose an item.

Birth Date: _____ Race: Choose an item. Marital Status: Choose an item. item.

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Email: _____

Relationship: _____

Office Use Only

Employee ID: _____ Position #: _____

Supervisor: _____ Department: _____

Hire Date: _____ Term Date: _____

Pay Rate: _____ Payroll Sup: _____

Notes: _____