



CALIFORNIA STATE UNIVERSITY

Stanislaus

Employee Personal Data Form

Employee Full Name:	Preferred Name : (optional)		
Home Phone:	<input type="checkbox"/> Primary Phone		
Mobile Phone:	<input type="checkbox"/> Primary Phone		
Home Address:			
	Address	City	State Zip Code
<i>If Mailing Address is different, please list below: (Note: W2 will be sent to mailing address if different from home)</i>			
Mailing Address:			
	Address	City	State Zip Code

Emergency Contact(s)	
PRIMARY CONTACT	SECONDARY CONTACT (optional)
First Name:	First Name:
Last Name:	Last Name
Address:	Address:
City:	City:
State: Zip-code:	State: Zip-code:
Relationship:	Relationship:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:

Education and Professional License	
Highest Degree:	Major:
Institution:	State: Month & Year Earned: ____/____
<i>If Professional/Certificate is required for position: Employee to provide copy of license, credential or other certification they must possess in order to meet minimum job qualifications and/or qualify for continued employment in a particular class.</i>	
Professional License:	Number: Expiration Date:
Certificate:	Number: Expiration Date: