

New Employees Personal Information Sheet

Please complete items below and return to KSC Department of Human Resource Management:

Name: _____

Department: _____

Title: _____ Hours Per Week: _____

Campus phone number: _____ Home phone number: _____

Mail-stop: _____ E-mail address: _____

Where would you like to receive your check (mark one): home campus mail-stop

Please list degrees earned:

Date (mo/yr)	Type of Degree(s)	Institution	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Employment (list most recent first):

Date (mo/yr)	Company/Institution	Position/Title	Hrs Per Wk (OP Staff only)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Optional

"Hometown:" _____

Current residence: _____

Hobbies/Interests : _____

Please share any other additional personal information we may use in announcements.

Release of Information: yes no

Please indicate if you have submitted the following:

Transcript: yes no

Payspread form (J2) yes no

(If applicable)