



College of Education

U of A Employee INFORMATION FORM

New Hire Re-Hire

Name: SID/EID: Date of Birth: MI Male Female UA Email Address Personal Email Address

Indicate the highest level of education completed: Not a HS Graduate High School/GED Associate Degree Undergraduate Degree Graduate Degree Post-Graduate: Highest Degree Earned: Year highest degree earned:

Home Street Address (Arizona) Home Street Address (Out-of-State) City State Zip Code County Home Phone Cell Phone Country or other address information (if applicable)

Person to notify in emergency: Name: Phone: ()

Have you ever worked in a paid position for the University of Arizona? Yes No If yes, what department(s)?: Dates: Under what name if different:

Are you a: US Citizen Permanent Resident Non-Resident with Temporary Visa Visa Type/Classification (if applicable): Visa Eligibility Expiration Date:

Will your duties require you to drive a University of Arizona vehicle or to use your own vehicle to conduct University business? Yes No (Note: Individuals under the age of 18 may not drive in the course of their duties.)

My Signature below indicates that all information provided on this form is accurate to the best of my knowledge.

Employee: Date: Department: Date:

Office Use Only: Start Date: End Date: Title: Salary/Hourly Rate: Position Number: PCN Create/Modify Transaction #: Position Funding (PDR) Transaction #: I-9 Transaction #: New Hire Transaction #: Created by: Supervisor PCN: Time Approver PCN: Career Track Job#: Account Number: Project Code: