

**Employee Identification Form**



Last Name:  First Name:  Middle I:

Address:  City:  State:  Zip Code:

Mailing Address if Different:

Phone Number:  E-Mail Address:

Social Security Number:

Have you ever held another position for NECC or the Commonwealth?  YES  NO

Agency:  Start Date:  End Date:   Present

Highest Level of Education:  Are you a Full-Time Student at NECC?  YES  NO

Date of Birth:   Male  Female Marital Status:

Citizenship Status:

Are you a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of Race?  
 YES  NO

Race: Please select one or more from the following groups:  American/Indian/Alaskan Native  Asian

Black or African-American  Cape Verdean  Native Hawaiian or Other Pacific Islander  White

Military Service:  Active Reserve  Inactive Reserve  Vietnam Veteran  Other Veteran  No Military Service

Disability:  NO  YES If Yes, Nature of Disability:  Blind  Deaf  Hard of Hearing  Orthopedic

Other: (Please explain)

**Emergency Contact(s):**

1. Contact Name  Relationship:

Address:  City:  State:  Zip Code:

Phone Number 1:  Type:  Phone Number 2:  Type:

2. Contact Name  Relationship:

Address:  City:  State:  Zip Code:

Phone Number 1:  Type:  Phone Number 2:  Type:

Signature:  Date: