THE UNIVERSITY OF ARIZONA

PERSON INFORMATION FORM

(For all New Hires, Re-Hires, and Persons of Interest)

Name:_____ _____ _____

Last **First** **MI**

SSN: ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Date of Birth ___/___/____ ☐ Male ☐ Female

A Social Security Number and Date of Birth is required of new employees for tax withholding and federal reporting requirements and "Persons of Interest" to provide access to university services and electronic systems)

Email Address _____ *(Requested for new employees to obtain NetID and UA email)*

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) (Complete if physical UA work location is outside Arizona)
City State	City State
Zip Code County	Zip Code County
( ) ( ) Home Phone UA Phone (if known)	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 (Attach copy of I-94)

Visa Classification (if applicable): Visa 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.)

Are you subject to child support withholding (Employees only) ☐ Yes ☐ No

Arizona Revised Statute 23-722.02 requires employers to ask each new employee if they are subject to child support wage assignments or order and if subject to child support withholding, requires you to deliver a copy of any active child support and wage withholding documents to Payroll, University Services building, Room 402.

My Signature below indicates that all information provided on this form is accurate to the best of my knowledge and that I understand the requirements of the Child Support Wage Withholding statute outlined above.

Employee Signature: _____ **Date**: _____

Office Use Only: Reviewed by:_____ EmplId:_____