

Collin County Community College District (Collin College)
NEW EMPLOYEE INFORMATION FORM

Name: _____
Last First Middle

Preferred Name: _____ CWID: _____

Emergency Contact Information	
_____	_____
Emergency Contact Name	Contact's Phone

Relationship of Contact	

Veteran Status
<input type="checkbox"/> I am not a veteran. If no category is selected, this election is the default.
<input type="checkbox"/> Other Protected Veterans: A veteran who served active duty during a war, campaign, or expedition for which a campaign, badge has been authorized. For information to make this determination, go to: http://www.opm.gov/veterans/html/vgmedal2.html .
<input type="checkbox"/> Vietnam Era Veteran: 1. Served on active duty for a period of more than 180 days, and was discharged or released from there with other than a dishonorable discharge, if any part of such active duty occurred: I) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or II) between August 5, 1963 and May 7, 1975 in all other cases or 2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: I) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or II) between August 5, 1963 and May 7, 1975 in all other cases.
<input type="checkbox"/> Both Vietnam/Other Eligible Veteran
<input type="checkbox"/> Special Disabled Veteran: A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation or who but for the receipt of (military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in serious employment handicap or a person who was discharged or released from active duty because of a service-connected disability.
Active Duty Separation Date: _____

Demographic Information
Date of Birth ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Please select one ethnicity: ____ I am Hispanic or Latino (The term Hispanic or Latino is defined as a person whose family origin is: Cuban, Mexican, Puerto Rican, South or Central American, or of other Spanish culture regardless of race.) ____ I am not Hispanic or Latino
Please also select all races that apply:
<input type="checkbox"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
<input type="checkbox"/> Asian: A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Work Authorization
<input type="checkbox"/> U. S. Citizen <input type="checkbox"/> U. S. Permanent Resident
<input type="checkbox"/> Temporary Visa with work authorization: Visa Type _____ Expiration Date: _____

Employee Signature: _____ Date: _____