



777 ELSBREE STREET, FALL RIVER, MA 02720 • 508.678.2811 • WWW.BRISTOL.MASS.EDU

DEPARTMENT OF HUMAN RESOURCES

EMPLOYEE IDENTIFICATION FORM

Today's Date: _____ Position Hired: Work Study

Are you currently employed or have been employed by another state agency? _____
If yes, please state the name(s) of the agency(ies): _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

Employee Name: Last: _____
First: _____
Middle Initial: _____

Previous Name: (if applicable)
Last: _____
First: _____
Middle Initial: _____

Please Circle

Sex: Male Female Marital Status: Married Single U.S. Citizenship: Yes No

Ethnic Background: White (Non-Hispanic) Black (Non-Hispanic) Hispanic
Asian or Pacific Islander Native American

Home Address & Telephone:
Number and Street: _____
City, State, Zip Code: _____
Home: () _____ - _____

Emergency Notification:
Name: _____
Relationship: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: () _____ - _____

Human Resources Office Use:

Legacy Code: A= Adjunct F= Faculty P= Part-Time Staff S= Full-Time Staff
Banner ID: _____