Employee ID#:

Date: _____

Lawson State
COMMUNITY COLLEGE
EMPLOYMENT DATA FORM

Name _____   SS# _____

Address _____   D.O.B. _____

_____   Gender _____ Race _____
City, State, Zip

Home Phone # _____   Cell Phone # _____

E-mail address _____

Position _____   Employment Date _____

Full-Time _____ Part-Time _____   Highest Degree Held _____

I am an active member of an Alabama Retirement System ( )TRS ( )ERS ( )N/A

Emergency Information

In case of emergency, please notify:

_____   _____   _____
Name   Relationship   Phone

OR

_____   _____   _____
Name   Relationship   Phone

Note: The above information is for **Human Resources** use only. It is **only** requested of applicants who have been offered and accepted employment.   **Revised 12/16/15**