# “Departmental Logo or Title”

# New Employee Information Form

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Name: |  |  |  |
|  | Last | First | M.I. |
| Preferred Name: |  | Pronouns (she/he/they): |  |

(if applicable) (not required)

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cell Phone: |  |  | Email: |  | |
| Birth Date: |  |  | LSU ID: 89- | |  |
| Have you ever worked on campus before? If yes, where? | |  | | | |
| How many hours are you enrolled in for the semester? | |  | | | |
| * Please attach a copy of your class schedule | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Shirt Size: |  |  |  |
| Favorite Color: |  |  |  |
| Favorite Snack: |  |  |  |
| Favorite Candy: |  |  |  |
| Hobbies: |  |  |  |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Alternate Phone: |  |
| Relationship: |  | | |