



HOUSE STAFF DATA SHEET 2010

DEMOGRAPHIC INFORMATION

MR <input type="checkbox"/>	MS <input type="checkbox"/>	LAST NAME	FIRST NAME	MIDDLE NAME	PREFIX	SUFFIX	
MISS <input type="checkbox"/>	DR <input type="checkbox"/>						
MRS <input type="checkbox"/>							
MALE <input type="checkbox"/>	SOCIAL SECURITY NUMBER		BIRTHDATE (MONTH-DAY-YEAR)		MARITAL STATUS		
FEMALE <input type="checkbox"/>	- -						
ADDRESS					APT. NO.		
CITY			STATE	ZIP	COUNTY	COUNTRY	
TELEPHONE				ADDITIONAL TELEPHONE			
() -				() -			
ETHNIC ORIGIN							
<input type="checkbox"/>	AMERICAN INDIAN / ALASKAN NATIVE	<input type="checkbox"/>	BLACK / AFRICAN AMERICAN	<input type="checkbox"/>	HISPANIC / LATINO (ALL OTHER RACES)	<input type="checkbox"/>	WHITE
<input type="checkbox"/>	ASIAN	<input type="checkbox"/>	HISPANIC/ LATINO (WHITE RACE ONLY)	<input type="checkbox"/>	NATIVE HAWAIIAN / PACIFIC ISLANDER	<input type="checkbox"/>	OTHER
<input type="checkbox"/> I HAVE A "J" VISA (A COPY OF THE VISA MUST BE SENT TO HUMAN RESOURCES)							

PRIMARY EMERGENCY CONTACT WITHIN THE U.S. (MUST BE COMPLETED)

NAME	RELATIONSHIP	TELEPHONE			
		() -			
ADDRESS		CITY	STATE	ZIP	
SSN (if employed by Continuum)					

SECONDARY EMERGENCY CONTACT (OPTIONAL)

NAME	RELATIONSHIP	TELEPHONE			
		() -			
ADDRESS		CITY	STATE	ZIP	
SSN (if employed by Continuum)					

Employee Signature _____

Date _____

FOR ADMINISTRATIVE USE ONLY

HR ORGANIZATION NAME		COFT	LOC	DEPT (GENERAL FUNDS)		
POSITION		OBJ	LOC DEPT	PAYROLL	TIMESHEET	
JOB (UNION)		HOURLY RATE	ANNUAL SALARY	STANDARD WEEKLY HOURS		
SALARY BASIS	BENEFITS GROUP (CIR OR NON UNION)	DATE OF HIRE/EFF. DATE	SITE	GRADE	ASSIGNMENT CATEGORY	
CHP 40 HOURLY				-	REG FT BE	
REASON	IF SPECIAL FUNDS, ENTER PROJECT NUMBER (FROM CHART OF ACCOUNTS CROSSWALK)					
NEW HIRE						

HR USE ONLY

EMPLOYEE NUMBER	HRIS SIGN OFF	RECRUITMENT ASSISTANT SIGN OFF