



INFORMATION FORM

(New Employees, Affiliates, Associates, and other Non-UA Employees)

Name: _____
 Last First MI
 SSN: _____ - _____ - _____ Date of Birth ____/____/____ Male Female
A Social Security Number and Date of Birth is required of new employees for tax withholding and federal reporting requirements and of "Persons of Interest" to provide access to university services and electronic systems)

Indicate the highest level of education completed: Not a HS Graduate High School/GED
 Associate/Some college Undergraduate Degree Graduate Degree Post-Graduate: _____
 Primary Major/Field: _____ Year highest degree earned: _____

Permanent Street Address	Person to notify in emergency:
City State Zip	First Name
() _____	Last Name
Home Phone: _____ Spouse First Name _____	Phone
Home Dept. Phone Number: _____	Email

Have you ever worked in a paid position for the University of Arizona? No Yes
 If yes, what department(s)?: _____ Dates: _____
 Under what name if different? _____

Are you a: US Citizen Permanent Resident Non-Resident with Temporary Visa (Attach copy of I-94)
 Visa Classification (if applicable): _____ Visa Expiration Date: _____

Are you currently participating in the Arizona State Retirement System with another employer?
 Yes No If yes, please provide employer name: _____

Will your duties require you to drive a University of Arizona vehicle or to use your own vehicle to conduct University business? Yes No (Note: Individuals under the age of 18 may not drive in the course of their duties.)

Are you subject to child support withholding (Employees only) Yes No
Arizona Revised Statute 23-722.02 requires employers to ask each new employee if they are subject to child support wage assignments or order and if subject to child support withholding, requires you to deliver a copy of any active child support and wage withholding documents to Payroll, University Services building, Room 402.

(My Signature below indicates that all information provided on this form is accurate to the best of my knowledge and that I understand the requirements of the Child Support Wage Withholding statute outlined above).

Employee/POI Signature: _____ Date: _____

Office Use Only: EmpID _____ Reviewed By: _____