

**Associate
Initial Creation Form**

Biographical Data – To be completed by the associate

Name (Last, First Middle) _____ SSN ____-____-____

Gender ___ M Birth date _____
 ___ F

Address _____ City _____ State _____

Zip _____ Home phone (____) _____

Emergency contact _____ Phone (____) _____ H/W Relationship _____

E-mail Address _____

Appointment Data – To be completed by the department (Optional)

Start date _____ Work phone (____) _____

Department _____

Employee group **Associate** Employee Qualifier _____

Job title _____ Status **Associate - Active**

Employment category **Associate** Change reason **ASSOC/New Hire** Appt End Date _____

Conditions of Appointment