

# New Hire Demographic Form

Upon an applicant's acceptance of a job offer, hiring departments should complete this form and use it to assist in initiating a hiring ePAF. The hiring department must destroy the form after the ePAF has been approved.

**Note: This form must not be emailed or scanned if a Social Security Number is included**

## Personal Information

**Email address** \_\_\_\_\_  
*(Important! This will be used by GatorStart to contact employee and should be a personal email address)*

UFID \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Important! Please ask employee if they have a UFID)* mm dd yr

Name \_\_\_\_\_  
*(Important! Name must be as it appears on the social security card)*  
First Middle Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yr

Gender  Male  Female Marital Status  Single  Married

Citizenship Status  Citizen  Non-Citizen National of US  Non-Resident Alien  Perm Resident

Highest Education Level  2-Yr College  Bachelor  Doctorate  High School Grad  
 Less Than High School  Tech School  MD,DDS,JD  
 Some College  Master  Other \_\_\_\_\_

## Home Address & Phone (permanent physical address: may/may not be a US address)

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

**Mailing Address & Phone (employee's local address: must be a US address)**

Check here if same as permanent address

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

**Business Address & Phone (UF address: typically a PO Box)**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

**Department Use Only (optional)**

Department ID

Salary Plan \_\_\_\_\_ Position No. \_\_\_\_\_ JobCode \_\_\_\_\_

Empl Class \_\_\_\_\_ FTE \_\_\_\_\_ Std Hrs \_\_\_\_\_

Comp Rate \_\_\_\_\_ Workgroup \_\_\_\_\_ FICA status \_\_\_\_\_

Notes: