



# Employee Personal Profile

Please indicate whether you are a new employee or a current employee

**New Employees:** Use this form to provide new or changed information for your HR/Payroll record. Complete the form electronically, print and sign it, and send it to the Office of Human Resources.

**Current Employees:** Use this form to change name and identity information. **If you are changing your name, you must present a Legal Name Change Document and Social Security Card in person along with this form.**

## Employee Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last Month Day Year*

If changing, **NEW** Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Other: \_\_\_\_\_

Ethnicity/Race (check all that apply): Are You Hispanic/Latino?  Yes  No

American Indian/Alaska Native  Asian  Black/African-American  Native Hawaiian/Pacific Islander  White

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Are you currently working for a state agency that requires mandatory participation to the Teachers' Retirement System of Alabama?  YES  NO Military Reserve Status \_\_\_\_\_

## Education

Highest Education Level: \_\_\_\_\_ Highest Degree and Major: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Institution Name: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Selective Service Certification

On July 11, 1991, the Alabama Legislature enacted a requirement for state employers to determine whether employees are properly registered with the Selective Service System. Please review the alternatives below and select the one that describes your status under the Military Selective Service Act.

I hereby certify that:

- I am a male between the ages of 18 and 26 and I have registered with the Selective Service System as required by federal law.
- The registration requirement does not apply to me; I am female, or I am a male over the age of 26.
- The registration does apply to me, but I am not yet 18 years of age. I will register at the appropriate time.

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_