# “Departmental Logo or Title”

# New Employee Information Form

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Name: |  |  |  |
|  | Last | First | M.I. |
| Preferred Name:  |  | Pronouns (she/he/they):  |  |

(if applicable) (not required)

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cell Phone: |  |  |  Email:  |  |
| Birth Date: |  |   |  LSU ID: 89- |  |
| Have you ever worked on campus before? If yes, where? |  |
| How many hours are you enrolled in for the semester? |  |
| * Please attach a copy of your class schedule
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Shirt Size: |  |  |  |
| Favorite Color: |  |  |  |
| Favorite Snack: |  |  |  |
| Favorite Candy: |  |  |  |
| Hobbies: |  |  |  |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Alternate Phone: |  |
| Relationship: |  |