

TO BE COMPLETED BY NEW HIRE FACULTY ONLY
JACKSONVILLE UNIVERSITY

(FOR ADMIN USE ONLY)

JU I.D. #: _____

New Hire Information Sheet

Re-Hire Information Sheet

Personal

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Gender: _____ SS#: _____

Street Address: _____

City/State/County/Zip: _____

Home Phone: _____ Cell Phone: _____

Ethnicity: Black, non-Hispanic White, non-Hispanic American Indian-Alas Asian/Pacific Isl Hispanic Other International

Emergency

Emergency Contact Name: _____ Phone #: _____

Address: _____ City/State/Zip: _____

(Administrative Offices Only below this Line)

Hiring Authority

Start Date: _____ End Date (if applicable): _____

Position: _____ FT or PT: _____ Salary: _____

Department: _____ Fund Code: _____ Acct. #: _____

New Employee's Office Phone Number: _____ Fax: _____

New Employee's Building / Room Number: _____

Replacing: _____

Hiring Authority Name	Dept.	Ext
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⇒ ATTACH I-9 and W-4 to this form ⇐

Academic Affairs / Faculty

Highest Degree: Type _____ Date _____ Where _____

Terminal Degree? Yes / No Rank: Visiting ADJ Instructor Resource ASST ASSOC PROF

CUPA Code: _____ Non-Tenure Track Tenure Track Tenured