

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

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: