

## DEPARTMENT OF HUMAN RESOURCES

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Date:			
Subject:	Non-Employee/Volunteer Forms		
From:	Human Resources/Manager of Workforce Planning		
Employee	Information and Verif	ication	
Name:			
	(Last)	(First)	(Middle Initial)
Address: _	(Street Number an	nd Name)	(Apt #)
City:		State:	Zip Code:
Maiden Name:  Date of Birth:		Social Security:	
I attest, un	nder penalty of perju	ry that I am (Check one	of the following):
A citiz	en or national of the U	nited States	
A lawf	ul Permanent Residen	t (Alien #) A	
An alie	en authorized to work	until	
(Alien	# or Admission #)		
Signature:		Date:	