OLYMPIC COLLEGE

HUMAN RESOURCE SERVICES

Employee Name (Last, First, MI) Please Print Legibly

Employee ID Number (SID)   Social Security Number

Date of Birth

Employee Type

- ○ Adjunct Faculty   ○ Administrative   ○ Classified Staff   ○ FT Faculty
- ○ Hourly/Part-time   ○ Student Employee   ○ Volunteer

In case of Emergency Contact (Please print legibly)
Name

Relationship

Telephone

☐ Cell ( )_____-_____   ☐ Home ( )_____-_____   ☐ Work ( )_____-_____

Emergency Contact - Alternate (Please Print Legibly)

Telephone

☐ Cell ( )_____-_____   ☐ Home ( )_____-_____   ☐ Work ( )_____-_____

Employee Signature and Date