



Proven.

Employee Data Form

Blinn ID# _____ Check One: Full-time Part-time Student Worker

Name _____
(Last) (First) (Middle)

Preferred Name: _____

Address _____

City, State, Zip _____

Home Telephone #: _____ Cell#: _____

Date of Birth _____

TRS Member _____ TRS Retiree _____ ORP Member _____

Date First Employed: _____

Office Telephone #: _____

Work Location: Building: _____ Room # _____

Blinn College Email address _____

Emergency Contact: Name: _____ Relationship: _____

Phone Number: _____ Home Cell Work (check one)

Phone Number: _____ Home Cell Work (check one)

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

	PUBLIC ACCESS?	
	NO	YES
Home Address / Home Telephone Number		
Social Security Number		
Information that reveals whether you have family members		

Signature _____ Date _____