

Employee Personal Information

1. Employee Name (please check if new name)	Hire/Effective Date:	Soc. Sec. # or Empl. ID #	Action: <input type="checkbox"/> New Hire <input type="checkbox"/> Change Data
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2. Address (city)	State	County	Zip
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3. Phone	Check if preferred contact #	Email Address	Check if preferred email address
(W)	<input type="checkbox"/>	(W)	<input type="checkbox"/>
(H)	<input type="checkbox"/>	(H)	<input type="checkbox"/>
(C)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>

4. Emergency Contact Name and Address	Relationship	Phone (W)	Phone (H or C)
	City:	State:	Zip:

5. Gender	Date of Birth	Marital Status	As of Date
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	

6. Education Level	Military Status	
<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> No Military Service	<input type="checkbox"/> Special Disabled Vietnam Vet
<input type="checkbox"/> Associate's Degree:	<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Veteran (VA Ineligible)
<input type="checkbox"/> Trade Certificate:	<input type="checkbox"/> Inactive Reserve	<input type="checkbox"/> Vietnam Era Vet
<input type="checkbox"/> Bachelor's Degree:	<input type="checkbox"/> Retried Military	<input type="checkbox"/> Other Protected Vet
<input type="checkbox"/> Master's Degree:	<input type="checkbox"/> Special Disabled Vet	
<input type="checkbox"/> Professional Degree:		
<input type="checkbox"/> PhD or other Doctorate:		
<input type="checkbox"/> Professional License:		

7. Ethnicity			
<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White (non-Hispanic)
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other:

8. Signature	Date
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9. Entered by Human Resources	
Name	Date