



Employee Personal Data Form		
Please Select One: <input type="checkbox"/> New Employee <input type="checkbox"/> Rehire <input type="checkbox"/> Update Employee Data		Effective Date:
Personal Information		
Name (Last, First, MI):		
Preferred Name:		
Street Address:		
City:	State:	Zip:
Home Phone:	Mobile Phone:	
Email Address:		
Social Security Number:		DOB:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Dependent Information		
Name	Relationship	Date of Birth
Demographic Information		
Ethnicity: <i>Please check the box that best describes your ethnicity</i>		
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other: _____		
Military/Veteran Status: <i>Please select all that apply</i>		
Are you a disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have current or prior military service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vietnam Veteran Only <input type="checkbox"/> Vietnam <u>and</u> Other Eligible Veteran <input type="checkbox"/> Other Protected Veteran		
Citizenship: <i>Please select all that apply</i>		
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No please select one:</i> <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident Alien		
Emergency Contact Information		
Primary Contact Name:	Phone Number :	Relationship:
Secondary Contact Name:	Phone Number :	Relationship:

Please return completed form to Human Resources