

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Date of Birth: _____

SSN: _____ - _____ - _____

Drivers License # _____ State Issued: _____ Expiration: _____

Work Email: _____

Home Email: _____

Phone: (_____) _____ - _____

Hire Date: _____ Prior Service Date: _____

Position: _____ Department: _____

Hours Scheduled per Week: _____

Emergency Contact

Name: _____ Phone: (_____) _____ - _____

Name: _____ Phone: (_____) _____ - _____

EEO Gender/Race/Ethnicity Identification

Gender (Please mark one): _____ Male _____ Female _____ Other

Race/Ethnicity (Please mark one):

_____ Hispanic or Latino

_____ White

_____ Black or African American

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

_____ American Indian or Alaska Native

_____ Two or more races

_____ Choose not to declare