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EMPLOYEE INFORMATION

1. Name of Employee: _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. Home Telephone: (____) _____

4. Social Security Number: _____ - _____ - _____

5. Birth date: _____
(Month) (Day) (Year)

6. Gender: _____ Female _____ Male 7. No. of Dependents: _____

8. Marital Status: _____ (Married) _____ (Single) 9. Highest Education Level: _____

10. EEOC Ethnic Group: _____ White
_____ African Amer
_____ Hispanic
_____ Asian/ Pacific Islander
_____ Native American

11. Veteran Status:
_____ Veteran
_____ Vietnam

12. Emergency Contact: Name _____

Phone(1) _____ Phone(2) _____

Relationship _____

13. Job Title: _____

14. Status: _____ Full-time
_____ Part-Time
_____ Temporary