



# EMPLOYEE DATA FORM

Please check (✓):

**New Hire** \_\_\_\_\_(YES) \_\_\_\_\_(NO)

**Current Employee** \_\_\_\_\_(YES) \_\_\_\_\_(NO)

(for changes only)

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**NAME OF EMPLOYEE (Last, First, M.I.):** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PRIMARY MAILING ADDRESS:**

\_\_\_\_\_ STREET

\_\_\_\_\_ APT #

\_\_\_\_\_ CITY, STATE, ZIP CODE

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**DEPARTMENT:** \_\_\_\_\_

**CONTACT #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

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Please check (✓):

**Gender** \_\_\_\_\_(Female) \_\_\_\_\_(Male)

**Marital Status** \_\_\_\_\_(SINGLE) \_\_\_\_\_(MARRIED)

**Race** \_\_\_\_\_(AMERICAN INDIAN OR ALASKA NATIVE) \_\_\_\_\_(ASIAN)

(select one or more) \_\_\_\_\_(BLACK OR AFRICAN AMERICAN) \_\_\_\_\_(WHITE)

\_\_\_\_\_ (NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER)

**Ethnicity** \_\_\_\_\_(HISPANIC OR LATINO OR SPANISH ORIGIN)

\_\_\_\_\_ (NOT HISPANIC OR LATINO OR SPANISH ORIGIN)

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EMPLOYEE SIGNATURE

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DATE