

EMPLOYEE DEMOGRAPHIC DATA

Name: _____ Date: _____
Last First Middle Generation (Jr., Sr., etc.)

Social Security #: _____ Date of Birth: _____

Physical Address: _____

City State Zip Code

Mailing Address: _____
(if different)

City State Zip Code

Telephone: _____
Home Cell Other

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino**-A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander**-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Sex: Male Female

Marital Status: Married Single

Driver's License: _____
State Driver's License # Class Restrictions Expiration Date

SPOUSE INFORMATION

Name: _____ Telephone: _____

Employer: _____

In case of emergency, should we attempt to contact your spouse first?: Yes No

See back of this page to add contacts or additional contact information.

Signature of Employee

Date

EMERGENCY CONTACT INFORMATION, Additional
You may list additional emergency contact information below, if desired.

Name	Relationship	Contact Information
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Additional information for this contact

Name	Relationship	Contact Information
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