



Employee Information Form

Date: _____

Name _____
Last First Middle Birth/Maiden

Preferred Name _____ Email _____

(Optional) Preferred Pronoun(s) Example: He/him/his _____

Permanent Address _____
City State Zip

Phone _____ Check if you wish the number to be private (not included in the Employee Directory)

Social Security Number _____ Date of Birth _____

Marital Status _____ Spouse's Name _____

Demographic Information

Are you Hispanic or Latino? (check one) Yes No

Race: Check one or more

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Gender: _____ Citizenship _____

Religion _____ Congregation _____

In Case of an Emergency

Emergency Contacts:

Name Relationship Work Phone Mobile or Home Phone

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