

Personnel Data Form

Hire Date: _____ **Date of Birth:** _____

Department: _____

Employee Name: _____
Last **First** **MI**

Home Address: _____
Street **City** **State**

Home Phone: _____

Emergency Contact Information

Name of Emergency Contact: _____

Relationship to Emergency Contact: _____

Emergency Contact Address: _____

Emergency Contact Phone Number: _____

Handicap Status	Veteran Status	Gender	Marital Status
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Male	<input type="checkbox"/> Married
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Female	<input type="checkbox"/> Single
			<input type="checkbox"/> Divorced
			<input type="checkbox"/> Widowed
			<input type="checkbox"/> Separated

Ethnic Code	Highest Education Level
<input type="checkbox"/> Asian	<input type="checkbox"/> High School
<input type="checkbox"/> Black or African American	<input type="checkbox"/> B.S/B.A.
<input type="checkbox"/> Hispanic/Latino of any race	<input type="checkbox"/> Masters
<input type="checkbox"/> American Indian or Alaska native	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Two or more races	
<input type="checkbox"/> White	
<input type="checkbox"/> Other	