



EMPLOYEE INFORMATION

Date _____ Social Security Number _____ Employee ID# _____

Legal Name (do not use nicknames)

Last Name First Name Middle Name Suffix (Jr., Sr.)

Name Change Information

For name change, please check reason below:

Former Last Name Marriage Divorce Other _____

Physical Address (do not use a PO Box)

Street City State Zip

Email address Home Phone Cell Phone

Mailing Address (if different)

Street City State Zip

Emergency Contact

Emergency Contact Name Relationship Emergency Phone

Street City State Zip Home Phone

DEMOGRAPHIC INFORMATION (used for mandated State and Federal reports)

Date of Birth

Disability? Yes No
(based on the definition to the right)

Male Female Over 40 Years Old? Yes No

DEFINITION: An individual with a disability is defined by the DFEH as a person who has a physical or mental impairment that limits one or more major life activities, or a person who has a history or record of such impairment, or a person who is perceived by others as having such impairment.

Ethnicity/Race

Are you Hispanic or Latino? Yes No
Mexican, Mexican/American, Chicano (HM)
Central American (HR)
South American (HS)
Hispanic Other (HX)

If not Hispanic, what is your race/ethnicity?
Chinese (AC)
Asian Indian (AI)
Japanese (AJ) (check one or more)
Korean (AK)
Laotian (AL)
Cambodian (AM)
Vietnamese (AV)
Asian Other (AX)
Filipino (F)
Black or African American (B)
American Indian/Alaskan Native (N)
Guamanian (PG)
Hawaiian (PH)
Samoan (PS)
Pacific Islander Other (PX)
White (W)