

EMPLOYEE PERSONAL DATA COLLECTION SHEET - POST EMPLOYMENT

PLEASE PRINT OR TYPE:

Date: _____

Legal Name: _____
(last) (first) (middle) (subtitle)

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____) _____ Other Phone: (____) _____

e-mail address: _____

Marital Status: _____ Maiden/Former Name: _____

Social Security No.: _____ Sex: _____

Nickname (if applicable): _____

Racial/Ethnic Group:

Are you Hispanic/Latino? Yes _____ No _____

Select one or more races:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | |

U.S. Citizen: Yes _____ No _____ If No, resident alien ID Number: _____

Date of Birth: _____ Birthplace: _____
(city) (state)

Accommodation Necessary to Perform Job: Yes _____ No _____

Describe Accommodation Required: _____

Building (Location): _____ Office/Room No.: _____ Phone Ext.: _____

Name of Person to Contact in Case of Emergency: _____

Phone Number of Emergency Contact: _____