



Employee Personal Information Sheet

Date: ____ / ____ / ____

Information on this form is used for company and government reporting. It is essential that all elements be accurate and truthful. **For accurate payroll purposes, please use your full legal name as printed on your Social Security Card.**

Please Print

Name: _____ Social Security Number ____ - ____ - ____
(First) (M.I.) (Last)

Home Address: _____
(Street) (City) (State) (Zip)

Cell Phone _____ Home Phone: _____ Work Phone: _____

Email Address _____

Job Title: _____ Manager's Name: _____ Department _____

Hire Date: _____ Birth date _____

This voluntary information will be kept confidential and used in compliance with Federal reporting requirements.

Gender: - Female - Male

Ethnic:

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Military Status: Vietnam Era Veteran Special Disabled Veteran Other Protected Veteran

Recently Separated Veteran Armed Forces Service Medal Veterans Non-Veteran

I do not wish to Self-Identify

Emergency Contact Name 1: _____ Relationship: _____

Address: _____
(Street) (Apt) (City) (State) (Zip)

Phones: _____
Home Work Cell

Emergency Contact Name 2: _____ Relationship: _____

Address: _____
(Street) (Apt) (City) (State) (Zip)

Phones: _____
Home Work Cell

I certify that this information accurate.

Employee Signature

Date signed