

EMPLOYEE DATA COLLECTION FORM

Legal Name: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone _____

E-mail: _____

Birthdate: _____ Gender: Male Female

Marital Status: Single Married Date of Marriage: _____

Ethnicity:

- | | | | |
|--------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|--------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Two or More Races | |

Job Title: _____ Work Location: _____

Employee's Signature

Date

Name of Spouse: _____ Date of Birth: _____

Names of Children: _____ Date of Birth: _____ Gender: _____

Benefits

Payroll

Service Record