

**NEW EMPLOYEE INFORMATION FORM**

THIS CONFIDENTIAL INFORMATION IS USED TO IDENTIFY AND RECORD DATA FOR STATISTICAL PURPOSE AND IS NOT A CRITERION FOR EMPLOYEMENT PURPOSES.

PERSONAL INFORMATION:

NAME: \_\_\_\_\_  
(Last) (First) (Initial)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zipcode)

SOCIAL SECURITY NUMBER: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

SEX: MALE \_\_\_\_ FEMALE \_\_\_\_ MARTIAL STATUS: SINGLE \_\_\_\_ MARRIED \_\_\_\_ OTHER \_\_\_\_

LIST ANY FRIENDS OR REALTIVES EMPLOYED BY US: \_\_\_\_\_

EDUCATIONAL INFORMATION:

Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Diploma, Degree, Certificate Received: \_\_\_\_\_

GOVERNMENT COMPLIANCE INFORMATION:

ETHIC ORGIN:

White \_\_\_\_  
Black \_\_\_\_  
Hispanic \_\_\_\_  
Asian/Pacific Islander \_\_\_\_  
American Indian/Alaskan Native \_\_\_\_

MILITARY SERVICE:

Military Service: \_\_\_\_\_  
Separation Date: \_\_\_\_\_  
Vietnam Veteran \_\_\_\_  
Disabled Veteran \_\_\_\_  
Other Veteran \_\_\_\_

\_\_\_\_\_  
Employee Signature Date

*For Payroll Use Only:*

Federal \_\_\_\_ State \_\_\_\_ School \_\_\_\_\_ Badge # \_\_\_\_\_

EE ID \_\_\_\_\_ Pay: \_\_\_\_\_ Position: \_\_\_\_\_

19 Expire Date \_\_\_\_\_ Shift Nights or Days Status: FT / PT / PRN

Other Notes: \_\_\_\_\_