

New Employee Information

Personal Information				
*Date of Birth: ____/____/____		Social Security Number: ____-____-____		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.				
*Employee Name:	LAST	FIRST	MIDDLE	
*Preferred/Chosen Name:				
*Street Address:				
*City:	State:		Zip Code:	
Home Phone/Landline: (____) ____-____		Cell Phone: (____) ____-____		
Email Address:				
Biographical Information				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Preferred Pronoun: <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> Zi/Hir/Hirs <input type="checkbox"/> They/Them/Their				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
Spouse/Partner Name (if applicable): _____				
Race/Ethnicity (select one or more):				
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White				
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you fluent in other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate: _____				
Emergency Contact Information				
Person to notify in case of emergency: _____				
Relationship to you: _____				
Telephone Number of emergency contact: (____) ____-____				
Education Information				
<i>College/University</i>	<i>Degree Attained</i>	<i>Major</i>	<i>Minor</i>	<i>Completion Year</i>

Employee Signature: _____

Date: _____