

## Confidential Personal Information

NOTE: The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____	Employment Date: _____		
(Last, First, Middle Initial)			
Social Security Number: _____	Date of Birth: _____		
Driver's License Class: _____	State: _____	Number: _____	Expiration: _____
Marital Status: _____	Spouse's Name: _____		
Ethnic Origin:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
	<input type="checkbox"/> Hispanic or Latino		
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
	<input type="checkbox"/> Two or more races (non-Hispanic or Latino)		

### Home Address and Phone Number:

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact Name and Number:

(1)  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(2)  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_