

# PERSONAL DATA SHEET

This form is to be completed by all new employees. Current employees must complete the appropriate section(s) on this form when a change to any of the information has occurred.

**All information is kept confidential and separate from your personnel file.**

Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: home (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ cell (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_  Married  Single  Divorced  Widowed  
Social Security # if new hire: \_\_\_\_\_ LID # required if current employee: \_\_\_\_\_  
Position: \_\_\_\_\_ Department: \_\_\_\_\_

## EMERGENCY INFORMATION

### Contact

Name: \_\_\_\_\_  
Phone: home (\_\_\_\_\_) \_\_\_\_\_  
cell (\_\_\_\_\_) \_\_\_\_\_  
work (\_\_\_\_\_) \_\_\_\_\_

### Relationship

Spouse  Grandparent  
 Ex-spouse  Sister/Brother  
 Child  Aunt/Uncle  
 Step-child  Cousin  
 Parent  Parent-in-law  
 Step-parent  Friend/Other \_\_\_\_\_  
Relationship

### Alternate

Name: \_\_\_\_\_  
Phone: home (\_\_\_\_\_) \_\_\_\_\_  
cell (\_\_\_\_\_) \_\_\_\_\_  
work (\_\_\_\_\_) \_\_\_\_\_

### Relationship

Spouse  Grandparent  
 Ex-spouse  Sister/Brother  
 Child  Aunt/Uncle  
 Step-child  Cousin  
 Parent  Parent-in-law  
 Step-parent  Friend/Other \_\_\_\_\_  
Relationship

## FEDERAL REPORTING REQUIRES THIS INFORMATION

It is the policy of Lakeland Community College to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, national origin or ancestry, sex, sexual orientation, marital and or parental status, age, religion disability or veteran status. Various agencies of the United States government require employers to collect information. This information is for purposes of compliance with record-keeping requirements and to determine recruiting and employment patterns and in no way affects eligibility for promotions, transfers, etc.

### Are you Hispanic or Latino?

Yes  
 No

### Race / Ethnicity (Please select one or more):

American Indian or Alaskan Native  Asian  
 Black or African-American  
 Native Hawaiian or Pacific Islander  White

Do you consider yourself an individual with a disability?

Yes  No Type of Disability: \_\_\_\_\_

Please sign to verify that the information you have provided is accurate to the best of your knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date