## **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 con	fidential and separate	e from your personnel file.
Name:		ale
Address:		e: home ()
		cell ()
Email Address:	М	arried Single Divorced Widowed
Social Security # if new hire:	LID#	required if current employee:
Position:	Depa	rtment:
E	MERGENCY INFORMATIO	N
Contact	Relationship	<del></del>
Name:	☐ Spouse	☐ Grandparent
Phone: home ()	☐ Ex-spouse	☐ Sister/Brother
cell ()	☐ Child	☐ Aunt/Uncle
work ( )	☐ Step-child	☐ Cousin
work ()	☐ Parent	☐ Parent-in-law
	☐ Step-parent	☐ Friend/Other
Alternate		Relationship
Name:	<u>Relationship</u> □ Spouse	☐ Grandparent
	☐ Ex-spouse	☐ Sister/Brother
Phone: home ()	☐ Child	☐ Aunt/Uncle
cell ()	☐ Step-child	☐ Cousin
work ()	☐ Parent	☐ Parent-in-law
	☐ Step-parent	☐ Friend/Other
		Relationship
FEDERAL REPORTING REQUIRES THIS INFORMA	TION	
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		Hispanic or Latino?
		hnicity (Please select one or more): can Indian or Alaskan Native
Do you consider yourself an individual with a disability	?	
☐ Yes ☐ No Type of Disability:		
Please sign to verify that the information you have prov	vided is accurate to the best	of your knowledge.
Signature	Date	