

EMPLOYEE PERSONAL INFORMATION

PERSONAL DATA (0002)

| | | | |
|-------------------|---------------|---|--|
| Personnel # | Last Name | First Name | Middle Initial |
| Social Security # | Date of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Sep |
| # of Dependents | | | |

PERMANENT ADDRESS (0006)

| | | | |
|---------|----------|----------------|-----------------|
| Address | | City | County |
| State | Zip Code | Home Telephone | Alternate Phone |

EMERGENCY CONTACT (0006)

| | | | |
|------|---------|-----|-----------|
| Name | Address | | |
| City | State | Zip | Telephone |

MAILING ADDRESS (0006)

| | | | |
|---------|----------|-----------|-----------------|
| Address | | City | County |
| State | Zip Code | Telephone | Alternate Phone |

RESIDENCE STATUS (0094)

Residence status Citizen Non-Resident Alien Resident Alien

PRIMARY BANK DETAILS (0009)

| | | |
|---|---------------------|---------------------|
| Bank Name | Bank Routing Number | Bank Account Number |
| Account type <input type="checkbox"/> 01-Checking <input type="checkbox"/> 02-Savings | | |

ADDITIONAL PERSONAL DATA (0077)

| Ethnic Origin/Race Data | Disability |
|--|--|
| <input type="checkbox"/> 01 White (Non-Hispanic) <input type="checkbox"/> 02 Black or African American <input type="checkbox"/> 03 Asian (Non-Hispanic/Latino) <input type="checkbox"/> 04 American Indian <input type="checkbox"/> 05 Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 06 Two or More Races (Non-Hispanic/Latino) <input type="checkbox"/> 07 Hispanic/Latino | <input type="checkbox"/> A None/prefer not to report <input type="checkbox"/> B Blind or severely visually impaired <input type="checkbox"/> C Deaf or severely hearing impaired <input type="checkbox"/> D Loss or limited use of arms and/or hands <input type="checkbox"/> E Non-ambulation (must use a wheelchair) <input type="checkbox"/> F Other orthopedic impairment (e.g. amputation, arthritis) <input type="checkbox"/> G Respiratory impairment <input type="checkbox"/> H Nervous system/neurological disorder <input type="checkbox"/> I Mental restored <input type="checkbox"/> J Mental retardation <input type="checkbox"/> K Learning disability <input type="checkbox"/> L Other (heart disease, diabetes, speech impairment) <input type="checkbox"/> M Other (specify in COMMENT section) |
| Military Status | |
| <input type="checkbox"/> Special disabled veteran <input type="checkbox"/> Vietnam-era Veteran <input type="checkbox"/> Other Veteran <input type="checkbox"/> Newly separated Veteran <input type="checkbox"/> Non-Veteran | |