

NEW HIRE DATA FORM

Employee Information

Employee's Last Name	First	Middle	Social Security Number
Street Address (number, street, city state, zip)			Date of Birth
Home Phone Number	Cell Phone Number		E-Mail Address
Mailing Address if different (number, street, city state, zip)			

Marital Status (Write N/A if not applicable)

Spouse's Address, if different (number, street, city state, zip)		
Spouse's Name	Former Last Name	Date of Birth
Marriage Date	City	State

Eligible Dependents for other than income tax purposes

Name	Social Security #	Date of Birth	Relationship

EEO INFORMATION

Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic (if yes, Please one of the following: <input type="checkbox"/> Hispanic (White race only) <input type="checkbox"/> Hispanic (All other races)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> American Indian or Alaskan		
<input type="checkbox"/> Asian		
<input type="checkbox"/> Native Hawaiian or Pacific Islander		
<input type="checkbox"/> Black or African American		
<input type="checkbox"/> White		
<input type="checkbox"/> Other or Multi-Racial		

Signature: _____ Date: _____