

PERSONNEL DATA	Complete the following to establish your personnel information.		
Name (Last, First, Middle)		Suffix	Contact Number
Residence Address		City	State Zip
Mailing Address (If different than Residence Address)		City	State Zip
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Gender		Social Security Number	Date of Birth
DEMOGRAPHICS	Selecting more than one race will identify you as "Two or More Races." Supporting documentation required if applicable Immigration Status information is provided.		
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Race	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
	<input type="checkbox"/> Asian	<input type="checkbox"/> White	
	<input type="checkbox"/> Black or African American		
Residence Status	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Non-Resident Alien	
Immigration Status	Citizenship (Country):		
	Visa Type:		
	Visa Expires:		
EMERGENCY INFO	Complete the following section to establish your emergency contact information.		
Name (Last, First, Middle)		Suffix	
Address		City	State Zip
Relationship to Employee		Primary Number	Secondary Number
EMPLOYEE SIGNATURE	Please print your full name (Last, First, Middle), sign, and date.		
Print Name (Last, First, Middle)		Signature	Date
HR USE ONLY	Colleague ID #	<input type="checkbox"/> Info Entered Into Colleague	