NEW EMPLOYEE PERSONAL INFORMATION FORM

The shaded boxes are optional to complete

Employee Full Name (Last, First, M.I.)				Preferred Name
Address	City	State	County	Postal Code
Supplemental Address	City	State	County	Postal Code

Gender	Birth Date	Veteran Status (Select One Only)	
[] Male [] Female	_____/_____/_____ Month Day Year	[] No [] Veteran [] Disabled Veteran [] Vietnam Era Veteran	[] Disabled Vietnam Era Veteran [] Gulf War Era Veteran [] Special Disabled Veteran [] Other Eligible Veteran

Marital Status	Home Telephone Number	Handicap / Disability
[] Single [] Married [] Divorced [] Legally Separated	( )	[] No [] Yes

Ethnic Code (Select One Only)

[] Alaskan & Pacif Island	ALPI	[] Black & White	BKWT
[] Alaskan & Wht	ALWT	[] Black N/Hisp	BLCK
[] Alaskan Native	ALSK	[] Black & Alaskan	BKAL
[] Amer Ind	AIND	[] Hisp & Alaskan	HSAL
[] Amer Ind & Alaskan	AIAL	[] Hisp & Amer Ind	HSAI
[] Amer Ind & Asian	AIAS	[] Hisp & Asian	HSAS
[] Amer Ind & Blk	AINB	[] Hisp & Pacif Island	HSPI
[] Amer Ind & Pacif Island	AIPA	[] Hispanic	HISP
[] Amer Ind & Wht	AINW	[] Hispanic & Blk	HISB
[] Asian & Alaskan	ASAL	[] Hispanic & Wht	HISW
[] Asian & Blk	ASB	[] Pacif Island & Wht	PIWT
[] Asian & Pacif Island	ASPA	[] Pacif Island	PACF
[] Asian & Wht	ASW	[] Unspecified	UNSP
[] Asian American	ASA	[] White N/Hisp	WHIT
[] Black & Pacif Island	BKPI		

Emergency Contact Information

Name _____

Address _____

City _____

State / Province _____

Postal Code _____

Country _____

Relationship _____

Home Telephone (_____)_____

Work Telephone (_____)_____

Employee Signature	Date	HRIS Forms PA12.1 Related Pages