

EMPLOYEE DATA CARD

Please Print

Date Completed: _____

Last First Middle

Social Security Number Birth Date

Hire Date Position

(____)____-_____
Home Phone Number Cell Phone Number

Mailing Address:

Street City State Zip Code

Email Address

Optional & Voluntary Information

Ethnic Identification

- White (not of Hispanic origin)
- African American and Black
(not of Hispanic origin)
- Latino or Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan native

Gender

- Male
- Female

Marital Status

- Single
- Married

Veteran Status

- No Military Service
- Military Veteran

Disabled

- No
- Yes

Emergency Contact Information

Last First Relationship

Home Phone: (____)____-____ Work Phone: (____)____-____ Cell Phone (____)____-____

Mailing Address:

Street City State Zip Code