

PERSONAL DATA RECORD – Please print clearly

NAME: *(Legal name as it appears on your social security card)*

(Last) (First) (Full Middle Name) (Suffix)

Preferred Name (if any): _____

ADDRESS _____
(Number and Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ CELL PHONE NO. _____ SECONDARY PHONE NO. _____
_____/_____/_____

EMAIL ADDRESS _____ SOCIAL SECURITY NO.: _____

PLEASE CHECK ONE OF THE FOLLOWING: _____ Male _____ Female _____ Prefer not to say

RACE/ETHNIC GROUP:

___ Two or More Races ___ White ___ Black or African American ___ Hispanic or Latino
___ American Indian/Alaskan Native ___ Asian ___ Pacific Islander ___ Native Hawaiian
___ Prefer not to say

MARITAL STATUS: *(Circle One)*..... S M D W Separated

SPOUSE: _____ _____
(Name) (Date of Birth)

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

- Name _____ Relationship _____
Primary Number _____ Secondary Number _____
- Name _____ Relationship _____
Primary Number _____ Secondary Number _____

DRIVER'S LICENSE INFORMATION

Drivers License State: _____ ID #: _____ Expiration Date: _____

(Employee Signature)

(Date)