

**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:**

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)