

New Employee Information Form

PERSONAL INFORMATION			
First Name: _____		Last Name: _____ Middle: _____	
Street Address: _____		City: _____	St: _____ Zip: _____
Birthdate: _____		Social Security #: _____	Gender: _____
Home Phone: _____		Cell Phone: _____	
Marital Status (check one):		Single	Married
		Email: _____	
CITIZENSHIP *Requires copy of current visa			
Native (born in USA)		Naturalized Citizen (granted through immigration)	
Temporary Alien (Sponsored)*		Lawful Permanent Resident (Green Card)	
ETHNIC GROUP: If more than one group, identify which is primary here:			
American Indian/Alaskan Native		Asian	Black/African American
Hispanic/Latino		Native Hawaiian/Other Pacific Islander	White
			Not Specified
MILITARY STATUS			
No Military Service		Desert Storm Veteran	Operation Irag Freedom Veteran
Active Reserve		Desert Shield Veteran	Operation Enduring Freedom Veteran
Inactive Reserve		Other Protected Veteran	Armed Forces Service Medal Veteran
Disabled Veteran		Retired Military	Recently Separated Veteran
Vietnam Veteran		Afganistan Veteran	Special Disabled Veteran
			Iraq Veteran
EMERGENCY CONTACT INFORMATION			
First Name: _____		Last Name: _____ Middle: _____	
Street Address: _____		City: _____	St: _____ Zip: _____
Home Phone: _____		Cell: _____	Relationship: _____
EDUCATION			
High School/GED		Technical School	Less Than High School
Degree (list below)			
Degree: _____	Year: _____	Major: _____	Institution: _____
Degree: _____	Year: _____	Major: _____	Institution: _____
Degree: _____	Year: _____	Major: _____	Institution: _____