

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 <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> African American and Black (not of Hispanic origin) <input type="checkbox"/> Latino or Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan native	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Veteran Status <input type="checkbox"/> No Military Service <input type="checkbox"/> Military Veteran Disabled <input type="checkbox"/> No <input type="checkbox"/> Yes
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Emergency Contact Information

Last First Relationship

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

Mailing Address:

Street City State Zip Code