

Department of Workforce Development

Bureau of Human Resource Services

EMPLOYEE INFORMATION to be Completed by Employee

- The information provided on this form will be stored in a secured database by Human Resources.
- Fields that are marked with an asterisk (*) are required.
- This is a required form. It must be completed and returned within two business days or your appointment may be delayed.

BIOGRAPHICAL DETAILS

*Legal First Name	*Middle Initial	*Legal Last Name	Suffix						
*Date of Birth (<i>mm/dd/yyyy</i>)		*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female							
*Marital Status (for Benefit Information System Requirement) <input type="checkbox"/> Single (Never married) <input type="checkbox"/> Married as of _____ (<i>mm/dd/yyyy</i>) <input type="checkbox"/> Divorced as of _____ (<i>mm/dd/yyyy</i>) <input type="checkbox"/> Widowed as of _____ (<i>mm/dd/yyyy</i>) <input type="checkbox"/> Domestic Partnership as of _____ (<i>mm/dd/yyyy</i>) <input type="checkbox"/> Dissolved Domestic Partnership as of _____ (<i>mm/dd/yyyy</i>)									
*Primary Ethnic Group (Check one) <table border="0"><tr><td><input type="checkbox"/> American Indian/Alaska Native</td><td><input type="checkbox"/> Asian</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Hispanic/Latino</td></tr><tr><td><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</td><td><input type="checkbox"/> White</td></tr></table>				<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian								
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino								
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White								
*Secondary Ethnic Group (Check all that apply) <table border="0"><tr><td><input type="checkbox"/> American Indian/Alaska Native</td><td><input type="checkbox"/> Asian</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Hispanic/Latino</td></tr><tr><td><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</td><td><input type="checkbox"/> White</td></tr></table>				<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian								
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino								
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White								

*Military Status

☐

Not a Veteran

☐

Veteran

For disabled veterans only, select the best description below.
Otherwise, continue on to the Contact Information section.

- ☐ Veteran with less than 30 percent service-connected disability.
- ☐ Veteran with at least 30 percent but less than 70 percent service-connected disability.
- ☐ Veteran with 70 percent or greater service-connected disability.
- ☐ Spouse of a disabled veteran whose service-connected disability is at least 70 percent.
- ☐ Disabled spouse of a disabled veteran whose service-connected disability is at least 70 percent.
- ☐ Severely disabled spouse of a disabled veteran whose service-connected disability is at least 70 percent.
- ☐ Unremarried spouse of a veteran killed in action or a veteran who died of a service-connected disability.
- ☐ Disabled unremarried spouse of a veteran killed in action or a veteran who died of a service-connected disability.
- ☐ Severely disabled unremarried spouse of a veteran killed in action or a veteran who died of a service-connected disability.

CONTACT INFORMATION

W-4 Home Address	*Street Address			
	*City	*State	*Zip Code	*County
Mailing	Street Address <input type="checkbox"/> Check if same as above			
	City	State	Zip Code	County
*Home Phone Number (if applicable)			*Preferred Email Address	

*Cell Phone Number (if applicable)

EMERGENCY CONTACT INFORMATION

*Emergency Contact Name ☐ Check if Primary Contact

Relationship to Employee

*Emergency Contact Address	<input type="checkbox"/> Check if Same Home Address as Employee
*Emergency Contact Phone Number	<input type="checkbox"/> Check if Same Home Phone as Employee

HRS-18365-E (R. 07/2019)