

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 (mm/dd/yyyy)	*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"/> Widowed as of _____ (mm/dd/yyyy) <input type="checkbox"/> Married as of _____ (mm/dd/yyyy) <input type="checkbox"/> Domestic Partnership as of _____ (mm/dd/yyyy) <input type="checkbox"/> Divorced as of _____ (mm/dd/yyyy) <input type="checkbox"/> Dissolved Domestic Partnership as of _____ (mm/dd/yyyy)			
*Primary Ethnic Group (Check one) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino </div> <div> <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander </div> <div> <input type="checkbox"/> Black/African American <input type="checkbox"/> White </div> </div>			
*Secondary Ethnic Group (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino </div> <div> <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander </div> <div> <input type="checkbox"/> Black/African American <input type="checkbox"/> White </div> </div>			
*Military Status <input type="checkbox"/> Not a Veteran <input type="checkbox"/> 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 Address	Street Address <input type="checkbox"/> Check if same as above				
	City	State	Zip Code	County	
*Home Phone Number (if applicable)		*Cell Phone Number (if applicable)		*Preferred Email Address	

EMERGENCY CONTACT INFORMATION

*Emergency Contact Name <input type="checkbox"/> 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	