



OFFICE OF HUMAN RESOURCES

DEMOGRAPHIC DATA

Employee Name: _____
Please print

Address: _____

Phone: _____ Social Security No.: XXX-XX-_____
(last four numbers only)

Sex: _____ Race: _____ Birthdate: _____

Marital Status: ___ married, ___ single, ___ divorced, ___ separated

EMERGENCY CONTACT:

Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Relationship: _____

Employee Signature

Date

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