



## NEW HIRE INFORMATION FORM

EMPLOYEE LAST NAME:		EMPLOYEE FIRST NAME:		EMPLOYEE MIDDLE NAME:	
HOME PHONE:			MOBILE PHONE:		
EMPLOYEE PERSONAL EMAIL ADDRESS:				MESSAGE PHONE:	
EMPLOYEE ADDRESS: (Street, City, State, Zip Code)					
DOB (mm/dd/yyyy)	SOCIAL SECURITY NUMBER:	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	LEGAL STATUS <input type="checkbox"/> US Citizen <input type="checkbox"/> Other	
<p>ETHNICITY – Please check a box that primarily applies to your identify. You may select more than one box if you primarily identify with more than one group (not including Hispanic or Latino):</p> <p><input type="checkbox"/> <b>1. White (not Hispanic or Latino):</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa.</p> <p><input type="checkbox"/> <b>2. Black or African American (not Hispanic or Latino):</b> A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> <b>3. Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> <b>4. Asian (not Hispanic or Latino):</b> A persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including but not limited to, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</p> <p><input type="checkbox"/> <b>5. American Indian or Alaskan Native (not Hispanic or Latino):</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.</p> <p><input type="checkbox"/> <b>6. Native Hawaiian/Other Pacific Islander not Hispanic or Latino):</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p>					
EMERGENCY CONTACT NAME: (Last, First, Middle)				PHONE NUMBER:	
				RELATIONSHIP:	
EMERGENCY CONTACT ADDRESS: (Street, City, State, Zip Code)					
<input type="checkbox"/> Check if the same as employee address.					
<input type="checkbox"/> Check if any of this information has changed since you applied for employment with the county.					
Employee Signature				Date	