



New Hire Personal Information Form

Please Provide your Full Legal Name:

Last Name: _____ First Name: _____ M.I. _____
Preferred Name: _____ Date of Birth: _____
Social Security # _____ Gender: M. F. Marital Status: S. M.
Address: _____ City: _____ State: _____ Zip: _____

What Languages Do You Speak Fluently:

English Spanish French Yaqui Sign Other: _____

The Highest Educational Level Achieved:

High School or GED Some College Trade/Technical/Business School – Type: _____
Associates Degree* Bachelor Degree* Master Degree* Doctorate Degree*

*List degree(s) type and discipline: _____

Nationality Classification:

White African American/Black Hispanic/Latino American Indian/Native Alaskan
Asian/Pacific Islander Other: _____

Military Service:

Are you currently serving in the Uniformed Services? No Yes - If yes, which Branch? _____

Veterans Status:

Are you a disabled veteran? No Yes – If yes, please indicate status: _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Employee Signature: _____ **Date:** _____