**New Employee Information Form**

<table>
<thead>
<tr>
<th>Employee ID or Social Security Number</th>
<th>Home Phone Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Gender:**
- [ ] Male
- [ ] Female
- [ ] I do not wish to disclose

**Married:**
- [ ] Yes
- [ ] No

**Race/Ethnic Group**

Are you Hispanic or Latino? *(Check the appropriate box)*
- [ ] Yes
- [ ] No

Please select one or more races from the list below. *(Check all that apply)*
- [ ] White
- [ ] Black or African American
- [ ] American Indian/Alaskan Native
- [ ] Asian
- [ ] Pacific Islander
- [ ] I do not wish to disclose

**Military Information** *(Check all that apply)*

- [ ] Not applicable
- [ ] Disabled Veteran
- [ ] Vietnam-Era Veteran
- [ ] Other Protected Veteran
- [ ] Armed Forces Service Medal Veteran
- [ ] Recently Separated Veteran

**Military Status:**
- [ ] Active Reserve
- [ ] Inactive Reserve

Separation Date: / / 

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**Signature**

**Date**