

DEMOGRAPHIC DATA CARD

Employee
Non-employee

PERSONAL CONTACT INFORMAION							
Name As it appears on Social Security Card	Last		First		МІ		
Address	Street		City, State		Zip		
Phone Phone			Alternate Phone				
Social Security Number	Security Number						
DEMOGRAPHIC INFORMATION							
Gender Female	☐ Male ☐ Disability Status: ☐ Not Disabled ☐ Disabled Individual						
Date of Birth (mm/dd/y	ууу) /	/	Are you physically & mentally able to perform the essential functions of your job?				
Are you Hispanic or Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Yes No Racial Category or Categories: Please select the category(ies) with which you most closely identify (check as many as apply or none) American Indian or Alaska Native			Citizenship Status: US Citizen (Native) Permanent Resident US Citizen Naturalized Non Resident Alien Vista Type: Exp. Date:				
			Marital Status:				
☐ Black or African American			☐ Married ☐ Divorced				
☐ Native Hawaiian or other Pacific Islander			☐ Widowed ☐ Legally Separated				
☐ White			□ Single				
EDUCATION INFORMATION							
Degree Month/Year		Major	Name of Institu	Name of Institution			
EMERGENCY CONTACT	Γ(S) INFORMATION	N					
Name			Phone	Alternate Phor	ne		
I certify the information which I have provided, is complete and accurate to the best of my knowledge.							
Signature: Date:							