

Revised
4/2007

EEO AND EMERGENCY INFORMATION FORM

Personal Data and Identification Data Components

Name as it appears on your Social Security card:

Prefix _____ Employee Name _____
Mr., Mrs., Ms. _____ First _____ Middle Name or Initial _____ Last _____

Suffix _____ (Fourth, Junior, Second, Senior, Third)

BIRTH DATE: _____/_____/_____
(Required) Month Day Year

GENDER/SEX: (Required)

Female Male

HIGHEST EDUCATION LEVEL

- Not Indicated
- Less Than HS Graduate
- HS Graduate or Equivalent
- Some College
- Technical School
- 2-Year College Degree
- Bachelor's Level Degree
- Some Graduate School
- Master's Level Degree
- Doctorate (Professional)
- Post-Doctorate

SOCIAL SECURITY NUMBER (Required)

Home Address _____
Street or PO Box _____ City _____ County _____ State _____ Zip Code _____

Mailing Address _____
Street or PO Box _____ City _____ County _____ State _____ Zip Code _____

Home Phone _____ Other Phone No. (such as cellular, business, alternate) Indicate **type** of phone _____

Type _____ Phone No. _____ Type _____ Phone No. _____
Main Preferred Main Preferred

E-mail - Indicate type (such as home) _____ E-mail _____ Type _____
Is this your preferred e-mail? Yes No Is this your preferred e-mail? Yes No

RACE/ETHNIC IDENTIFICATION - PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

- American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

MILITARY STATUS - Please check the one box that best describes your military status.

- Active Reserve Inactive Reserve No Military Service Other Protected Veteran
- Retired Military Veteran (VA Ineligible) Veteran of the Vietnam Era Vietnam & Other Protected Vet

Military Leave Eligibility:

Are you an active member of Air or Army National Guard or active member of the reserve corps of armed forces? Yes No

EMPLOYMENT ELIGIBILITY PROOF - An employee must produce within three days of hire, documentation that he/she is authorized to work in the United States. Examples include a birth certificate or social security card along with a driver's license or other picture ID, a U.S. passport or a green card. Please indicate the documentation you are providing:

1. _____ 2. _____

DISABILITY STATUS: Disabled person (non-veteran with disability) Disabled Veteran