

Employee Information

IMPORTANT: Complete and answer all applicable fields on this form.						
First Name*:		Middle Initial*:		st Name*:		
Home Mailing Address: _						
City:	State:		Zip Code:		Gender: \square M \square F	
Home Phone: () Emai	Address:		Birth Date:		
Race: White	☐ Black/African American		Hispanic/Latino	☐ Native Hawa Islander	ative Hawaiian/Other Pacific der	
☐ Asian	☐ American Indian/Alaska Native					
Veteran Status: Not a Veteran						
Driver's License Number:		State:	Exp	oires: / /		
Insurance: For New hire/Rehired employees, health insurance is available the 1st of the following month after a 60-day waiting period. Contact HR at						

*Provide legal name