

PERSONAL DATA

(Please Print)

Preferred First Name:

Gender:

NAME:

Last

First

MI

Personnel #:

(for email account creation)

Male

Female

PERMANENT RESIDENCE: (Please do not put P. O. Boxes here.)

Privacy Request: ☐ Yes ☐ No

Address: _____ City: _____ State: _____ Zip: _____

Parish: _____ DOB: _____

MAILING ADDRESS: (If different from permanent.)

Privacy Request: ☐ Yes ☐ No

Address: _____ City: _____ State: _____ Zip: _____
(P.O. Boxes allowed here)

PHONE NUMBERS:

Home: _____

Cell: _____

Other: _____

Office: _____

Other: _____

Other: _____

EMERGENCY CONTACT:

Mr. Mrs. Ms. Name: _____ Tel. #: _____

Mr. Mrs. Ms. Name: _____ Tel. #: _____

Mr. Mrs. Ms. Name: _____ Tel. #: _____

RACE/ETHNICITY

MARITAL STATUS

American Indian or Alaska Native

Middle Eastern or North African

Single

Asian

Native Hawaiian or Pacific Islander

Married

Black or African American

White

Divorced

Hispanic or Latino

Decline to State

Not Married

I certify that the above information is accurate and that it is my personal responsibility to notify Human Resources immediately of any changes to my address. I hereby authorize the above changes.

Employee's Signature:

Date: