HUMAN RESOURCES
PERSONAL DATA FORM

Social Security Number: (Copy of Social Security Card required)	Employee ID: (CWID)
Name:	Preferred First Name:
Street Address:	Mailing Address:
City: State: Zip Code:	City: State: Zip Code:

Parish (Residence): Home Phone ( ) Work Phone ( )

In Case of Emergency Contact: Contact's Relationship: Phone Number: ( )

Street Address:

City: State: Zip Code:

Gender:

_____ Male
_____ Female

Date of Birth: _____

EEO Information:

Do you consider yourself to be Hispanic/Latino?	In addition, select one or more of the following racial categories to describe yourself:
___ Yes	_____ American Indian or Alaska Native
___ No	_____ Asian
	_____ Black or African American
	_____ Native Hawaiian or Pacific Islander
	_____ White

Education Level: (Check highest level)

_____Doctor _____Masters _____Bachelor _____ Professional Degree _____No. Acad. Cred.

Marital Status: _____ Single _____ Married _____ Widowed _____ Divorced

If Married: Name of Spouse: _____ Date of Birth: _____ Marriage Date: _____

Dependents: (Name) (Date of Birth)

_____
_____
_____

Prior ULM Service? _____ Yes _____ No If Yes, Dates of Service: _____

Prior State of LA. Service? _____ Yes _____ No If Yes, Dates of Service: _____
Current State Service? _____ Yes _____ No

Location: _____

Address if Known: _____

Privacy Request:

Please do _____ do not _____ release my home phone and/or address information.

Employee Signature: _____ Date: _____