PERSONAL DATA FORM
(please type or print legibly)

DATE:_____

DATE OF BIRTH:_____/_____/_____ **SS#:**_____

LAST NAME:_____ **FIRST NAME:**_____**M.I.:**____ **PREFERRED NAME:**_____

STREET ADDRESS:_____

CITY:_____ **STATE:** _____ **ZIP:**_____

PRIMARY PHONE:(____)_____(**circle: home or mobile)** **OTHER PHONE:** (____)_____**(home, mobile)**

PERSONAL EMAIL ADDRESS:_____

MARITAL STATUS:_____ _____**(SINGLE, MARRIED, DIVORCED,SEPERATED,WIDOWED)**

U.S. CITIZEN (Y/N):_____ **IF NO, VISA STATUS:**_____ **EXP. DATE:**_____/_____/_____

LIST ANY FOREIGN LANGUAGES WHICH YOU FLUENTLY SPEAK:_____

FLUENTLY READ:_____ **FLUENTLY WRITE:**_____

EMERGENCY CONTACT

(If more than one contact is required, use reverse side)

NAME:_____ **RELATIONSHIP:**_____

ADDRESS:_____

CITY & STATE:_____ **ZIP:**_____

MAIN PHONE: (_____)_____**(circle: home or mobile)**

OTHER PHONE: (_____)_____**(business, mobile or other)**

EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION

FOR THE COMPILATION OF AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY INFORMATION, PLEASE CHECK ALL APPLICABLE ITEMS: CLICK THE BLUE LINK FOR "FULL DEFINITIONS"

Current Sex

- ☐ **Female**
- ☐ **Male**
- ☐ **Unknown**
- ☐ **Intersex**

Birth Sex

- ☐ **Female**
- ☐ **Intersex**
- ☐ **Male**
- ☐ **Unknown**

Ethnic Groups

- ☐ **White**
- ☐ **Black**
- ☐ **Hispanic or Latino**
- ☐ **Asian**
- ☐ **American Indian or Alaska Native**
- ☐ **Native Hawaiian or Pacific Islander**

Pronouns

- ☐ **He/Him/His**
- ☐ **She/Her/Hers**
- ☐ **They/Them/Theirs**
- ☐ **Xe/Xem/Xir**
- ☐ **Ze/Hir/Hirs**
- ☐ **Ze/Zir/Zirs**
- ☐ **Address me by name**
- ☐ **Prefer not to say**
- ☐ **Not in list**

Sexual Orientation

- ☐ **Asexual**
- ☐ **Bisexual**
- ☐ **Demisexual**
- ☐ **Gay**
- ☐ **Heterosexual/Straight**
- ☐ **LGBTQ2S+**
- ☐ **Lesbian**
- ☐ **Pansexual**
- ☐ **Queer**
- ☐ **Questioning**
- ☐ **Not in list**
- ☐ **Prefer not to say**

Gender Identity

- ☐ **Agender**
- ☐ **Cis-Man**
- ☐ **Cis-Woman**
- ☐ **Demi Gender**
- ☐ **Female**
- ☐ **Genderqueer**
- ☐ **Male**
- ☐ **Non Binary**
- ☐ **Trans Man**
- ☐ **Trans Woman**
- ☐ **Transgender**
- ☐ **Two Spirit**
- ☐ **Not in list**
- ☐ **Prefer not to say**

Voluntary Self-Identification of Disability

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

Autism
Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
Blind or low vision
Cancer
Cardiovascular or heart disease
Celiac disease
Cerebral palsy
Deaf or hard of hearing
Depression or anxiety
Diabetes
Epilepsy
Intellectual disability
Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
Missing Limbs or partially missing limbs
Nervous system condition for example, migraine headaches
Parkinson's disease, or Multiple sclerosis (MS)
Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

- ☐ **Yes, I Have A Disability, Or Have A History/Record Of Having A Disability**
- ☐ **No, I Don't Have A Disability, Or A History/Record Of Having A Disability**
- ☐ **I Don't Wish To Answer**

FOR HUMAN RESOURCES ONLY **HR/CMS**_____