

PERSONAL INFORMATION SHEET

Employee Name (As it appears on Social Security card)	Social Security Number
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<i>Check and complete appropriate sections below:</i>			
Home Address	City	State	Zip
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell ()	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell ()	Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widow
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No	Second Language (In order to accommodate our non-English speaking patients, we would like for you to state any other language that you speak fluently in order to assist us as an interpreter.) <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate Language:	
Ethnic Origin: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Black or African American <input type="checkbox"/> Two or More Races			
Emergency Contact Name	Relationship	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell ()	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell ()
Emergency Contact Name (Optional)	Relationship	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell ()	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell ()

FOR HUMAN RESOURCES USE ONLY			
Facility	Facility Number	Director	
Department Description	Department Number	Employee Number	
Position Title	Hourly or Salaried	Date of Hire	
Employment Status (FT, PT-with Benefits, PT-without benefits, PRN, Contract)	Rate of Pay	Completed By:	