

HR Data Sheet

Last Name: _____ First Name: _____ Mi: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Birth Date: _____

Social Security #: XXX-XX- _____ Gender: Male Female

*Race (Check One):

- | | |
|--|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Two or More Races | |

*Are you a Vietnam Era Vet (service from 8/5/1965 to 5/7/1975)? _____

*Are you Disabled? _____

*= NOEH employees only.

Name of Employer: _____ Vendor Badge# _____

Personal Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____