



Employee ID: _____ Date of Hire: _____

Name: *(must match name on Social Security Card)* _____

Preferred Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

MAIN TELEPHONE

Cellular Home Other: (_____) _____

ALTERNATE TELEPHONE

Cellular Home Other: (_____) _____

DATE OF BIRTH (MM/DD/YYYY)

/ /

REFERRAL SOURCE *(Please select, if referred please list employee name)*

TV Internet LMC Website SCHA Job Listing Monster Other: _____

Employee Referral: _____

DRIVER'S LICENSE INFORMATION

Driver License Number: _____

State Issued By: _____ Expiration Date: _____ Type of License: _____

EMERGENCY CONTACT

PRIMARY Name: _____

Address same as above Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Telephone: Cellular Home Other: (_____) _____

SECONDARY Name: _____

Address same as above Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Telephone: Cellular Home Other: (_____) _____

Please note: This information will be placed in your personnel file. If you are unsure about any section, contact your HR Representative.

Smoker: Yes No

Marital Status: Single Married Divorced Separated

Highest Level of Education: HS Diploma/GED Associate Degree

Bachelor's Degree Master's Degree PhD _____

Full time Student: Yes No

Sex: Male Female

Military Status: N/A Active Reserve

Inactive Reserve Retired Vietnam Veteran

Non-Vietnam Veteran

Language: *(other than English)* _____

Speaking level: High Medium Low

Writing level: High Medium Low

Ethnic Identification (optional): Please identify your ethnic status for demographic purposes by circling below. You may indicate up to three selections. If you select more than one option, please place the percentage amount in the space provided.

American Indian: _____% Asian: _____% Black: _____%

Hispanic: _____% Pacific Island: _____% White: _____%

Choose Not to Specify

DEPENDENT/BENEFICIARY INFORMATION

Please list anyone who will be used as a dependent for Medical, Dental, and/or as a beneficiary for Life Insurance. You will be able to list up to four individuals. If you need to add more, please contact the HR Representative.

1. Please select one of the following options: Will this individual serve as a Dependent Beneficiary Both

Name: _____ Relationship: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Single Married Divorced Separated **Disabled:** Yes No **Student:** Yes No

Address same as above Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Telephone: Cellular Home Other: (_____) _____

2. Please select one of the following options: Will this individual serve as a Dependent Beneficiary Both

Name: _____ Relationship: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Single Married Divorced Separated **Disabled:** Yes No **Student:** Yes No

Address same as above Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Telephone: Cellular Home Other: (_____) _____

3. Please select one of the following options: Will this individual serve as a Dependent Beneficiary Both

Name: _____ Relationship: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Single Married Divorced Separated **Disabled:** Yes No **Student:** Yes No

Address same as above Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Telephone: Cellular Home Other: (_____) _____

4. Please select one of the following options: Will this individual serve as a Dependent Beneficiary Both

Name: _____ Relationship: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Single Married Divorced Separated **Disabled:** Yes No **Student:** Yes No

Address same as above Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Telephone: Cellular Home Other: (_____) _____

I certify that the information provided on this form is accurate and complete.

Employee Signature: _____ Date: _____

FOR HR USE ONLY:

Employment Eligibility Proof #1: _____ Data Input By: _____

Employment Eligibility Proof #2: _____ Date: _____